

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

02 MAY -1 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J46851 (8)**  
1. Corporation Name  
**WAM CORPORATION OF AMERICA**

Principal Place of Business      Mailing Address  
**2650 PLEASANTDALE RD., SUITE 15  
ATLANTA GA 30340**      **2650 PLEASANTDALE RD., SUITE 15  
ATLANTA GA 30340**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/09/1986</b>	3a. Date of Last Report <b>04/01/1994</b>
4. FEI Number <b>59-2780853</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. The corporation has liability for intangible tax under S. 199.032 Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. # etc	26. Suite, Apt. # etc
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>BERGONZINI, ORLANDO 2337 S.W. ARCHER ROAD GAINESVILLE FL 32608</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. Zip Code	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0502, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME VD MARCHSINI, WAINER VIA CAVOUR N. 338 CAVEZZO, ITALY		1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D VACCARI, LAURO VIA OLANDO N. 86 MODENA, ITALY		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D MARCHESINI, ADRIANO VIA CAVOUR N. 338 MODENA, ITALY		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PD BERGONZINI, ORLANDO 2373-110 S.W. ARCHER RD GAINESVILLE FL		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information was filed on the annual report or supplemental annual report as true and accurate and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 of this filing, or in an alternative filing with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95      404-446-3429