

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

001241

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90112 030 \*\*\*150.00

DOCUMENT # J46851

1. Corporation Name WAM CORPORATION OF AMERICA



Principal Place of Business 75 BOULDERBROOK CIRCLE LAWRENCEVILLE GA 30045 US

Mailing Address 75 BOULDERBROOK CIRCLE LAWRENCEVILLE GA 30045 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/09/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2780853	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
24	25	29	30	[ ] \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution	
				[ ] \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				[ ] Yes [ ] No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCHESINI, WAINER		1.2 NAME	MARCHESINI, WAINER	
STREET ADDRESS	VIA CAVOUR N. 338		1.3 STREET ADDRESS	VIA CAVOUR N. 338	
CITY-ST-ZIP	CAVEZZO, ITALY		1.4 CITY-ST-ZIP	CAVEZZO, ITALY	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SGARBI, CLAUDIO		2.2 NAME	BERGONZINI, ORLANDO	
STREET ADDRESS	VIA FORLANINI, 15		2.3 STREET ADDRESS	VIA CAVOUR N. 338	
CITY-ST-ZIP	CAVEZZO IT		2.4 CITY-ST-ZIP	CAVEZZO, ITALY	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCHESINI, ADRIANO		3.2 NAME	MARCHESINI MARCELLO	
STREET ADDRESS	VIA CAVOUR N. 338		3.3 STREET ADDRESS	VIA CAVOUR N. 338	
CITY-ST-ZIP	MODENA, ITALY		3.4 CITY-ST-ZIP	CAVEZZO, ITALY	
TITLE	P	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGNANI, MASSIMO		4.2 NAME		
STREET ADDRESS	75 BOULDERBROOK CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAWRENCEVILLE GA 30045		4.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAULKNER, DAN E		5.2 NAME		
STREET ADDRESS	3331 BIRCHWOOD TR		5.3 STREET ADDRESS		
CITY-ST-ZIP	SNELLVILLE GA		5.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALERNO, LUCA		6.2 NAME		
STREET ADDRESS	3561A PLEASANTBROOK VILLAGE LN		6.3 STREET ADDRESS		
CITY-ST-ZIP	DORAVILLE GA		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Massimo Magnani 01/06/99 770-339-6767

CR2E034 (11/98)