FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 10:58

DOCUMENT # **734649** **(7)**

1. Corporation Name

WESTLAND-EDEN CONDOMINIUM II ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1900 W. 54TH STREET OFFICE MAIL BOX HIALEAH FL 33012 US	1900 W. 54TH STREET OFFICE MAIL BOX HIALEAH FL 33012 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1975
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-1643447 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

~~SOULES, DOROTHY~~
~~1900 WEST 54TH ST., #220~~
~~APARTMENT #220~~
~~HIALEAH FL 33012~~

10. Name and Address of New Registered Agent

81 Name: Josefina Zatarain
82 Street Address (P.O. Box Number is Not Acceptable): 1900 W. 54 St. (Apt. 107)
83: Hialeah,
84 City: FL 85 Zip Code: 33012

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: Josefina Zatarain - Josefina Zatarain 3/5/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	FELIX, CARMEN	1.2 NAME		
STREET ADDRESS	1900 W 54 ST. #105	1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP		
TITLE	~~VPD~~	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	RODRIQUEZ, LUIS	2.2 NAME	Rodriguez - Luis	
STREET ADDRESS	7342 SW 139 CT	2.3 STREET ADDRESS	1900 W. 54 St - Apt. 302	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Hialeah, FL. 33012	
TITLE	PD	3.1 TITLE	VPD	☑ Change ☐ Addition
NAME	CAZORLA, DOMINGO	3.2 NAME	Cazorla - Domingo	
STREET ADDRESS	1900 W 54 ST. #222	3.3 STREET ADDRESS	1900 W. 54 St. (#227	
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	Hialeah, FL.	
TITLE	SD	4.1 TITLE	SD	☑ Change ☐ Addition
NAME	~~SOULES, DOROTHY~~	4.2 NAME	Ortiz - Esperanza	
STREET ADDRESS	~~1900 W 54 STR #220~~	4.3 STREET ADDRESS	1900 W. 54 St. (#107	
CITY-ST-ZIP	~~HIALEAH FL~~	4.4 CITY-ST-ZIP	Hialeah, FL. 33012	
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	BARGE, CELESTE	5.2 NAME		
STREET ADDRESS	1900 W 54 STR #310	5.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☐ Change ☑ Addition
NAME	LOPEZ, LUCIO	6.2 NAME	Zatarain - Josefina	
STREET ADDRESS	1900 W 54 STR #209	6.3 STREET ADDRESS	1900 W. 54 St. (#107	
CITY-ST-ZIP	HIALEAH FL	6.4 CITY-ST-ZIP	Hialeah, FL. 33012	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Celeste Barge TREASURER 3/7/95 (305) 556-4028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Celeste Barge - Treasurer

0037800