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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736833 (5)
1. Corporation Name
THE TOWERS OF WESTLAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**221 S.W. 22ND AVENUE, SUITE 215
MIAMI FL 33135**

Mailing Address
**221 S.W. 22ND AVENUE, SUITE 215
MIAMI FL 33135-1544
275 Fontaine**

3. Date Incorporated or Qualified 09/17/1976	3a. Date of Last Report 02/20/1996
4. FEI Number 59-1718528	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 275 Fontainebleau Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #200
City & State 23	City & State 28 Miami, FL
Zip 24	Zip 29 33135
Country 25	Country 30 USA

9. Name and Address of Current Registered Agent
**HYMAN, MICHAEL L.
44 WEST FLAGLER ST.
14TH FLOOR COURTHOUSE TOWER
MIAMI FL 33130**

10. Name and Address of New Registered Agent	
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARMEN, OTERO 1975 W. 44 PL. #A508 HIALEAH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TORRES, CARLOS 1975 W. 44 PLACE #A402 HIALEAH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ROSA, RAMOS 4525 W. 20 AVENUE #C530 HIALEAH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GARCIA, ELIO 4500 W. 19 COURT APTD #D-536 HIALEAH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DOMINGUEZ, JOSE 4525 W 20TH AVE., #521 HIALEAH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X. [Signature]* **3/15/97** **305 267-8538**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)