

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

FILED

**May 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M00715 (6)

1. Corporation Name
OLD WESTON CORPORATION



Principal Place of Business	Mailing Address
2665 S BAYSHORE DR SUITE 900 MIAMI FL 33133 US	2665 S BAYSHORE DR SUITE 900 MIAMI FL 33133 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2665 S. Bayshore Dr.	26 2665 S. Bayshore Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 703	27 Suite 703
City & State	City & State
23 Miami, FL	28 Miami, FL
Zip	Country
24 33133	25 USA
Country	Zip
29 33133	30 USA

3. Date Incorporated or Qualified	4. FEI Number	Applied For
05/15/1984	59-2404092	Not Applicable
5. Certificate of Status Desired	XXX	\$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 owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RICHARDS, TIMOTHY D 2665 S BAYSHORE DR PH1A83 SUITE 900 MIAMI FL 33133	81 Name World Corporate Services, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 2665 S. Bayshore Dr. 83 Suite 703 84 City Miami
	FL 85 Zip Code 33133

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: *Timothy D. Richards* (Signature, typed or printed name of registered agent and title if applicable) *Pres.* (NOTE: Registered Agent's signature required when reinstating) DATE: *4/8/98*

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BALLON, ALFONSO	
STREET ADDRESS	2 GROVE ISLE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RICHARDS, T.	
STREET ADDRESS	2665 S. BAYSHORE DR. STE 900	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	AS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Timothy D. Richards, Esq.		
2.3 STREET ADDRESS	2665 S. Bayshore Dr., Suite 703		
2.4 CITY-ST-ZIP	Miami, FL 33133		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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.

CR2E034 (10/97)