

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1994



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 28 AM 10:37

DOCUMENT # N94000006174 (6)

1. Corporation Name
WESTWOOD BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O L.M. QUALITY MANAGEMENT SERVICES
4001 N.W. 5 ST.
MIAMI FL 33126

3. Date Incorporated or Qualified
12/19/1994
4. FEI Number
65-0557426

2. Principal Place of Business 2a. Mailing Address
21 1111 Kane Concourse 26 1111 KANE Concourse
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 504 27 504
City & State City & State
23 BAY HARBOR FL 28 BAY HARBOR FL
Zip Zip Country Country
24 33154 25 DADE 29 33154 30 DADE

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
NUNEZ, LUZMARY
4001 N.W. 5 STREET
MIAMI FL 33126

10. Name and Address of New Registered Agent
81 Name LUZMARY NUNEZ
82 Street Address (P.O. Box Number is Not Acceptable) 1111 KANE Concourse Suite 504
83
84 City BAY HARBOR FL 85 Zip Code 33154

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: *[Signature]* LUZMARY NUNEZ DATE: 10/25/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SPAMPINATO, JORGE	
STREET ADDRESS	2200 N.W. 102 AVE. #1	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	TO	<input checked="" type="checkbox"/> DELETE
NAME	CUERVO, WILLIAM	
STREET ADDRESS	2201 N.W. 102 PLACE #2	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FRESNILLO, CARLOS	
STREET ADDRESS	2200 N.W. 102 AVE. #6	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANTONIO DE CASTRO	
1.3 STREET ADDRESS	2201 N.W. 102 PL #3	
1.4 CITY-ST-ZIP	MIAMI FL 33172	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CARLOS FRESNILLO	
2.3 STREET ADDRESS	2200 N.W. 102 AVE #6	
2.4 CITY-ST-ZIP	MIAMI FL 33172	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CARLOS CASTAÑEDA	
3.3 STREET ADDRESS	2200 NW 102 AVE #4	
3.4 CITY-ST-ZIP	MIAMI FL 33172	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MANUEL ALVAREZ	
4.3 STREET ADDRESS	2200 NW 102 AVE #3	
4.4 CITY-ST-ZIP	MIAMI FL 33172	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	300003035498	<input type="checkbox"/> Addition
6.2 NAME	-11/04/99-01081-AD	
6.3 STREET ADDRESS	*****61.25 *****AD	
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: *[Signature]* Manuel Alvarez DATE: 10/25/99 (305) 865-8718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0028330

CR25037 (10/97)