

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Aug 06 1996 8:00 am  
Secretary of State

DOCUMENT # **P94000033328 (3)**  
1. Corporation Name

**WESTLAND FINANCIAL SERVICES, INC.**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
4680 WEST 17 COURT SUITE 3 HIALEAH FL 33012		4680 WEST 17 COURT SUITE 3 HIALEAH FL 33012		05/02/1994	09/01/1995
21	Suite, Apt #, etc	26	Suite, Apt #, etc	4. FEI Number	Applied For / Not Applicable
22	City & State	27	City & State	65-0487105	
23	Zip	28	Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	29	Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
				8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DON, FRANK J 4680 WEST 17 COURT SUITE 3 HIALEAH FL 33012				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	7975 NW 154 Street		
				84	Suite 400		85
					City		Zip Code
					Miami Lakes		33016
					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: *Robert Briele* (Typed name of registered agent and board applicant) (NOTE: Registered Agent Signature Required when incorporating) 7/22/96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/>	DELETE	1.1 TITLE		<input type="checkbox"/>	Change <input type="checkbox"/>
NAME	DON, FRANK J			1.2 NAME			
STREET ADDRESS	4680 WEST 17 COURT			1.3 STREET ADDRESS			
CITY - ST - ZIP	HIALEAH FL 33012			1.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	DELETE	2.1 TITLE		<input type="checkbox"/>	Change <input type="checkbox"/>
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY - ST - ZIP				2.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	DELETE	3.1 TITLE		<input type="checkbox"/>	Change <input type="checkbox"/>
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	DELETE	4.1 TITLE		<input type="checkbox"/>	Change <input type="checkbox"/>
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	DELETE	5.1 TITLE		<input type="checkbox"/>	Change <input type="checkbox"/>
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	DELETE	6.1 TITLE		<input type="checkbox"/>	Change <input type="checkbox"/>
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

200001914452  
-08/06/96--01157--025  
\*\*\*225.00  
*8/6/96*  
*ju*

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: *Frank J. Don*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 7/31/96 305-5574199

CR2E034 (3/96)