

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000049233 (7)**

1. Corporation Name
GODELCO WEST KENDALL, INC.



Principal Place of Business

~~2250 G.W. 3RD AVENUE
FIFTH FLOOR
MIAMI FL 33129~~

Mailing Address

**1149 SW 27TH AVE
6TE 207
MIAMI FL 33138
US**

2. Principal Place of Business

2a. Mailing Address

21 **c/o Miguel M. Gonzalez, Esq.**

26 **c/o Miguel M. Gonzalez, Esq.**

22 **370 Minorca Ave., Ste. 5**

27 **370 Minorca Ave., Ste. 5**

23 **Coral Gables, FL 33134**

28 **Coral Gables, FL 33134**

24 **Dade**

30 **Dade**

9. Name and Address of Current Registered Agent

**WEINSTEIN, PHILIP T
2250 G.W. THIRD AVE.
FIFTH FLOOR
MIAMI FL 33129**

3. Date Incorporated or Organized
07/01/1994

3a. Date of Last Report
03/01/1995

4. FEIN Number
65-0503726

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name
MIGUEL M. GONZALEZ, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)
370 Minorca Ave., Suite 5
83
84 City
**Coral Gables, FL 85 Zip Code
33134**

11. Pursuant to the provisions of Sections 607.02(2) and 607.11(6)(b), 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 is authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.02(2) and 607.11(6)(b), Florida Statutes.

SIGNATURE

Miguel M. Gonzalez

3/24/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	QUIRCH, GUILLERMO II	
STREET ADDRESS	P.O. BOX 3366	
CITY, ST, ZIP	HIALEAH FL 33013	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	QUIRCH, MARIANA P	
STREET ADDRESS	P.O. BOX 3366	
CITY, ST, ZIP	HIALEAH FL 33013	
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. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is true, correct and complete, and is not in violation of the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information disclosed 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 have been 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 in an alternate block as follows:

SIGNATURE: *Guillermo Quirch, II*

3/28/96

(305) 461-1650

CR2E034 (12/95)