

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000091748 (1)**

1. Corporation Name

WEST LAND PROPERTIES, INC.



Principal Place of Business

Mailing Address

3941 W. 12 AVE.
HIALEAH FL 33012

3941 W. 12 AVE.
HIALEAH FL 33012

3. Date Incorporated or Qualified **12/20/1994** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 **3914 W 12 AVE**
Suite, Apt. #, etc.
22
City & State
23 **HIALEAH FL,**
Zip
24 **33012** Country
25 **DADE**
2a. Mailing Address
26 **3914 W 12 AVE**
Suite, Apt. #, etc.
27
City & State
28 **HIALEAH FL**
Zip
29 **33012** Country
30 **DAD#E**

4. FEI Number **65-0537373** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VELASCO, JORGE V
~~7461 W. 20 WAY~~
~~HIALEAH FL 33012~~

81 Name **ROBERTO ANTICH**
82 Street Address (P.O. Box Number is Not Acceptable)
3914 W 12 AVE
83
HIALEAH FL 33012
84 City **HIALEAH FL 33012** 85 Zip Code **33012**

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

4/15/96
DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	<input type="checkbox"/> DELETE
NAME	VELASCO, JORGE V	
STREET ADDRESS	3914 W. 12 AVE.	
CITY - ST - ZIP	HIALEAH FL 33012	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ANTICH, DANIA	
STREET ADDRESS	3914 W. 12 AVE.	
CITY - ST - ZIP	HIALEAH FL 33012	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	V P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JORGE VELASCO	
1.3 STREET ADDRESS	3914 W 12 AVE HIALEAH FL 33012	
1.4 CITY - ST - ZIP	3914 W 12 AVE HIALEAH FL 33012	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DANIA ANTICH	
2.3 STREET ADDRESS	3914 W 12 AVE HIALEAH FL 33012	
2.4 CITY - ST - ZIP	3914 W 12 AVE HIALEAH FL 33012	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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

SIGNATURE *[Signature]* **DANIA ANTICH, President 4/15/96 3058240222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)