

FILE NOW: FILING FEE AFTER MAY 1ST IS \$100.00

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moram Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000091748 (1)
 1. Corporation Name
WEST LAND PROPERTIES, INC.



Principal Place of Business 3914 W 12 AVE HIALEAH FL 33012 US	Mailing Address 3914 W 12 AVE HIALEAH FL 33012 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.	23 City & State	28 City & State
24 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified 12/20/1994		
4. FEI Number 65-0537373	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

ANTICH, ROBERTO
3914 W 12 AVE
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1	TITLE
NAME	VELASCO, JORGE V	1.2	NAME
STREET ADDRESS	3914 W. 12 AVE.	1.3	STREET ADDRESS
CITY-ST-ZIP	HIALEAH FL	1.4	CITY-ST-ZIP
TITLE	P	2.1	TITLE
NAME	ANTICH, DANIA	2.2	NAME
STREET ADDRESS	3914 W. 12 AVE.	2.3	STREET ADDRESS
CITY-ST-ZIP	HIALEAH FL	2.4	CITY-ST-ZIP
TITLE		3.1	TITLE
NAME		3.2	NAME
STREET ADDRESS		3.3	STREET ADDRESS
CITY-ST-ZIP		3.4	CITY-ST-ZIP
TITLE		4.1	TITLE
NAME		4.2	NAME
STREET ADDRESS		4.3	STREET ADDRESS
CITY-ST-ZIP		4.4	CITY-ST-ZIP
TITLE		5.1	TITLE
NAME		5.2	NAME
STREET ADDRESS		5.3	STREET ADDRESS
CITY-ST-ZIP		5.4	CITY-ST-ZIP
TITLE		6.1	TITLE
NAME		6.2	NAME
STREET ADDRESS		6.3	STREET ADDRESS
CITY-ST-ZIP		6.4	CITY-ST-ZIP

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CITY-ST-ZIP	HIALEAH FL	1.4	CITY-ST-ZIP
TITLE	P	2.1	TITLE
NAME	ANTICH, DANIA	2.2	NAME
STREET ADDRESS	3914 W. 12 AVE.	2.3	STREET ADDRESS
CITY-ST-ZIP	HIALEAH FL	2.4	CITY-ST-ZIP
TITLE		3.1	TITLE
NAME		3.2	NAME
STREET ADDRESS		3.3	STREET ADDRESS
CITY-ST-ZIP		3.4	CITY-ST-ZIP
TITLE		4.1	TITLE
NAME		4.2	NAME
STREET ADDRESS		4.3	STREET ADDRESS
CITY-ST-ZIP		4.4	CITY-ST-ZIP
TITLE		5.1	TITLE
NAME		5.2	NAME
STREET ADDRESS		5.3	STREET ADDRESS
CITY-ST-ZIP		5.4	CITY-ST-ZIP
TITLE		6.1	TITLE
NAME		6.2	NAME
STREET ADDRESS		6.3	STREET ADDRESS
CITY-ST-ZIP		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.

SIGNATURE _____

DATE **1/25/98**

CR2E034 (10/97)