FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

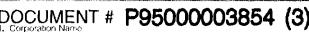


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997



| I. Corporati | IVIEN 1 # P9500 IWESTERN HOLDING COM | | (3) | | |) 1224/24 (1) 1518/ 2011 20 11 2011 201 | | | | | | |
|---|---|---|-----------------------|--------------------|--|--|---|--|-----------------------|--|--|--|
| Principa: Pla | nce of Business | Mailing Address | | | O1/12/1995 4. FEI Number 65-0644408 5. Certificate of Status Desired 8. Election Campaign Financing Trust Fund Contribution 7. String Corporation has liability for intangible Florida Statutes 10. Name and Address of New Registered Name Street Address (P.O. Box Number is Not Acceptable) City FL e-named corporation submits this statement for the purpose of the corporation's board of directors. I hereby accept the api s. ent signature required when re-instating) DATE ADDITIONS/CHANGES TO OFFICERS AN IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP | | | Last Report 996 Applied For Not Applicable 3.75 Additional Fee Required 5.00 May Be Added to Fees Index s. 199.032, It Zip Code ging its registered ent as registered ent as registered ECTORS IN 12 hange Addition 780 | | | | |
| 100 S. BISCAYNE BLVD. SUITE 1100 MIAMI FL 33131 | | 100 S. BISCAYNE SUITE 1100 | 100 S. BISCAYNE BLVD. | | | | | | | | | |
| | | | | | | | 04/22/19 | | роп | | | |
| 2. Principa Place of Business 21 | | 2a. Mailing Addre | | | | | | | | | | |
| Suite, Ap | l. #, elo | Suite, Apt. #, | etc. | | | 5. Certificate of Status Desired | | | | | | |
| City & St | ate | City & State | | | | | | | | | | |
| Zip [24] | Country 25 | Zip 29 | 30 | Country | | Florida Statutes | Yes No | | 199.032, | | | |
| | g. Name and Address of Cui | | | | | 10. Name and Address of New R | egistered Agent | | | | | |
| | & C CORPORATE SERVICES, I | NC. | | 81 | Name | | | | | | | |
| 201 S. BISCAYNE BLVD. | | | | | Street Ad | dress (P.O. Box Number is Not Accepta | ble) | | | | | |
| SUITE 3000 | | | | | | ************************************** | | | | | | |
| MIAMI FL 33131 | | | | 83 | | | | | 1 | | | |
| | | | | 84 | City | | FL 85 | Zip C | ode | | | |
| 11. Pursuar office of agent. I SIGNATURE | l am familiar with, and accept the ol | bligations of, Section 607. | 0505, Florida | Statutes | S. | | | ging its ent as | registered registered | | | |
| 12. | Signature, type dior publicd harne of registeror OFFICEDS | d agent and title if applicable AND DIRECTORS | | slered Age | ent signature rec | | | OTOB | S IN 12 | | | |
| 12. 111[F | PO | AND DIRECTORS | | 1.1 TITLE | | ADDITIONS/CHANGES TO OFFI | | | Addition | | | |
| NAME: | HOLLO TIBOR | Land De | | 1.2 NAME | 1 | | | | | | | |
| STREET ADORESS | AGOS DISCAUNT DI VID CI ITTE 4400 | | | 1.3 STREET ADDRESS | | | | | }; | | | |
| CHTY - ST - ZHP | AMARIT PI | | | 1.4 CITY-ST-ZIP | | | | | } | | | |
| ITILE | 8 | DE | | 2 I TITLE | | | □ c | hange | Addition | | | |
| NAME: | GRAY, V.D. | |]. | 2.2 NAME | 1 | | | |) | | | |
| SPREET ADDRESS | 100 S BISCAYNE BLVD | | Į. | 2.3 STREET | ADDRESS | | | | Į | | | |
| CHY-ST-ZIP | MIAMI FL | | | 2. 4 CITY-5 | ST-ZIP | | | | | | | |
| 11711 | | ☐ DELETE 3 | | 31 TITLE | | | C | hange | Addition | | | |
| NAME | | | L | 3.2 NAME | ŀ | | | | l | | | |
| STREET ADDRESS | 5 | | i | 3.3 STAEET | ADDRESS | | | | | | | |
| CITY+S1-ZIP | | | | 3.4. CITY - 5 | S7-21P | | | | | | | |
| 1011 | | □ DE | | 4 1 TITLE | | | | hange | L Addition | | | |
| NAME | | | | 4. 2 NAME |] | | | | Ì | | | |
| STEAT ADDRESS | S | | | | | • | | | 1 | | | |
| CHT+S* ZIP | | I DE | | 4.4 CITY - S | T-ZIP | | | hange | Addition | | | |
| THUE | | L_) DE | 1 | 5.1 TITLE | } | | U v | нинде | TT MORIDON | | | |
| NAME | 1 | | | 5.2 NAME | 1 | ie. | | | į. | | | |

14. I do hereby certify that the information supplied with this filling 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 Black 12 or Block 3 if changed, at ordan attachment with an address.

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

5.3 STREET ADDRESS 54 CITY-ST-ZIP

6 3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

6(17 - S1 - ZIP

CHY-ST-Z-P

HILE

NAME

INTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

FILED

May 13 1997 8:00am

Secretary of State

0173585

Change

Addition