
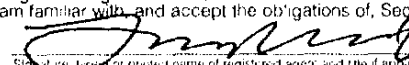
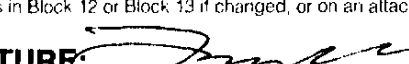


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000026214 (2) 1. Corporation Name WESTON PROPERTIES, INC.					
Principal Place of Business 340 MINORCA AVE., STE. 7 CORAL GABLES FL 33134			Mailing Address 340 MINORCA AVE., STE. 7 CORAL GABLES FL 33134-4320		
2. Principal Place of Business 21 4851 N.W. 103 AVE. Suite, Apt #, etc. 22 SUITE 55C City & State 23 SUMRISSE FL Zip 24 33351 Country 25 USA		2a. Mailing Address 26 1112 WESTON RD. Suite, Apt #, etc. 27 # 168 City & State 28 WESTON, FL Zip 29 33326 Country 30 USA		3. Date Incorporated or Qualified 03/19/1996 3a. Date of Last Report 03/19/1996 4. FEL Number 65-0696719 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 REBOREDO, GASTON 340 MINORCA AVE., STE. 7 CORAL GABLES FL 33134			10. Name and Address of New Registered Agent 81 Name REBOREDO, GASTON 82 Street Address (P.O. Box Number is Not Acceptable) 1107 ADRIANA AV. 83 84 City CORAL GABLES FL 85 Zip Code 33146		
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  GASTON REBOREDO Signature of typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 1/17/97					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE P, D, T 1.2 NAME GASTON REBOREDO 1.3 STREET ADDRESS 1107 ADRIANA AV. 1.4 CITY-ST-ZIP CORAL GABLES, FL 33146 2.1 TITLE VP, D, S 2.2 NAME REBECA REBOREDO 2.3 STREET ADDRESS 1107 ADRIANA AV. 2.4 CITY-ST-ZIP CORAL GABLES, FL 33146 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. I do 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:  GASTON REBOREDO, PRESIDENT Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/17/97 Daytime Phone # 305/662-1799					



CR2E034 (9/96)