

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
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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
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3. Date Incorporated or Qualified 03/19/1996	3a. Date of Last Report
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2. Principal Place of Business 21 4851 N.W. 103 AVE.	2a. Mailing Address 26 1112 WESTON RD.
Suite, Apt #, etc. 22 SUITE 55C	Suite, Apt #, etc. 27 # 168
City & State 23 SUNRISE FL	City & State 28 WESTON, FL
Zip 24 33351	Country 25 USA
Zip 29 33326	Country 30 USA

4. FEI Number 05-0696719	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 ADUANA 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* **GASTON REBOREDO** **1/17/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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	
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

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P, D, T
1.3 STREET ADDRESS	GASTON REBOREDO
1.4 CITY-ST-ZIP	1107 ADUANA AV. CORAL GABLES, FL 33146
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP, D, S
2.3 STREET ADDRESS	REBECA REBOREDO
2.4 CITY-ST-ZIP	1107 ADUANA AV. CORAL GABLES, FL 33146
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 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* **GASTON REBOREDO, PRESIDENT** **1/17/97 (305)662-1799**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)