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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

1. Corporation Name

P96000026214 (2)

-WESTON PROPERTIES, INC.

REBOREDO, GASTON

CORAL GABLES FL 33146

1107 ADUANA AVE

UNITED

22

23

Principal Place of Business	Mailing Address		
4851 NW 103 AVE STE 55C SUNRISE FL 33351 US	1112 WESTON RI #168 WESTON FL 333; US		
2. Principal Place of Business	2a. Mailing Addre		

Suite, Apt. #, etc.

City & State

28

29

9. Name and Address of Current Registered Agent

Country 30

Trust Fund Contribution

4. FEI Number

65-0696719

6. Election Campaign Financing

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/19/1996

Applied For Not Applicable

\$8.75 Additional 5. Certificate of Status Desired Fee Required

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible

FILED

Jan 20 1998 8:00am

Secretary of State

Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent

81 EBUREDO 82 83 City 84 85

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 agout, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I bereby accept the appointment as registered

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Satutes.							
SIGNATURE Signature, typed to proving pages of repetitives agent and tale of applicable (NOT) Descripted Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECT	ORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 12	
TITLE	PDT	DELETE	1.1 TIBLE	PRESIDENT, D. T	Change Change	☐ Addition	
NAME	REBORED, GASTON		1.2 NAME	REBOREDO, GASTUM 2566 JARDIN WAY			
STREET ADDRESS	1107 ADUANA AVE		1.3 STHEET ADDRESS	2566 JARDIN WAY			
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	WESTON, FL 33 127			
TITLE	VPDS	DELETE	21 TITLE	VP, D	Change	Addilion	
NAME	reboredo, rebeca	•	2.2 NAME	EUGENIO LASCURAIN			
STREET ADDRESS	1107 ADAUANA AVE		2.3 \$TREET ADDRESS	EUGENIO LASCURAIN 13051 S.W. 29 GUNT DAVIE, PL 33330			
CITY-ST-24P	CORAL GABLES FL		2.4 CITY+\$1-ZIP	DAVIE, PL 33330			
TITLE		☐ DELFTE	3.1 TritE	5,0	Change	Addition	
NAME			3.2 NAMI	JOSE L. ROMERO			
STREET ADDRESS			3.3 STREFT ADDRESS	JOSE L. ROMERO 2537 MONTCLAME CINC. WESTON, FL 33327		~	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	WESTON, FL 33327			
TITLE		DELFTE	4.1 TITLE		☐ Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE		Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET ADDRESS				
CITY-ST-ZIP			5.4 Cft y - ST - ZiP				
TITLE		DEVETE	6.1 THILE		Change	Addition	
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.

8/90/954749-3791