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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000101372

1. Corporation Name
WESTHORP & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
7540 SW 139 STREET MIAMI FL 33158	7540 SW 139 STREET MIAMI FL 33158

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 12/01/1997

2. Principal Place of Business
21 10350 W. Bay Harbor Dr., Suite 7P
22 Suite, Apt. #, etc.
23 Bay Harbor, FL
City & State
24 Zip 33154 25 Country USA

2a. Mailing Address
26 P.O. Box 403626
27 Suite, Apt. #, etc.
28 Miami Beach, FL
City & State
29 Zip 33140 30 Country USA

4. FEI Number: 65-0807883 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WESTHORP, BRENDA J
7540 SW 139 STREET
MIAMI FL 33158

10. Name and Address of New Registered Agent

81 Name SAME
82 Street Address (P.O. Box Number is Not Acceptable) 10350 W. Bay Harbor Dr., Suite 7P
83
84 City Bay Harbor FL 85 Zip Code 33154

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BRENDA J WESTHORP ~~7540 SW 139TH ST~~ ~~MIAMI FL 33158~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	SAME (New Address) 10350 W. Bay Harbor Dr., #7P Bay Harbor, FL 33154	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice-President Nancy Mendez-Perez 10350 W. Bay Harbor Dr., #7P Bay Harbor, FL 33154	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S Nancy Mendez-Perez 10350 W. Bay Harbor Dr., #7P Bay Harbor, FL 33154	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T Brenda J. Westhorp 10350 W. Bay Harbor Dr., #7P Bay Harbor, FL 33154	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 4/6/99 — 305-868-7768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)