

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northingham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR -5 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000054865 (9)**

1. Corporation Name

WEST 29 ASSOCIATES, INC.

Principal Place of Business

**8015 NW 13 TERR
MIAMI FL 33172**

Mailing Address

**C/O LOEB, BLOCK & WACKSMAN
505 PARK AVENUE, 9TH FLOOR
NEW YORK NY 10022
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1993

3a. Date of Last Report

07/18/1994

4. FFI Number

65-0427341

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**BLOOM, LEONARD H.
1101 BICKELL AVENUE
SUITE 1400
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

FL

85. Zip Code

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

(Signature typed or printed name of registered agent and the applicant)

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BERKE, HOWARD
STREET ADDRESS	505 PARK AVENUE
CITY, ST, ZIP	NEW YORK NY
TITLE	TD
NAME	WACKSMAN, JEFFREY E.
STREET ADDRESS	505 PARK AVENUE
CITY, ST, ZIP	NEW YORK NY
TITLE	S
NAME	RASCH, M. STEPHEN
STREET ADDRESS	505 PARK AVENUE
CITY, ST, ZIP	NEW YORK NY
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	☐ Change ☐ Addition
1.2 NAME	500001450555
1.3 STREET ADDRESS	-04/07/95--01039--005
1.4 CITY, ST, ZIP	*****200.00 *****200.00
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

4/5/95 M/S

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exceptions stated in Section 119.027(1)(b), 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

M. Stephen Rasch, Secretary

3/20/95

(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Signature Printed

212 753 5510