FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000049233 (7)**

1. Corporation Name
GODELCO WEST KENDALL, INC.

Principal Place of Business
~~2250 S.W. 3RD AVENUE~~
~~FIFTH FLOOR~~
~~MIAMI FL 33129~~

Mailing Address
~~1149 SW 27TH AVE~~
~~STE 207~~
~~MIAMI FL 33130~~
~~US~~

2. Principal Place of Business
21 c/o Miguel M. Gonzalez, Esq.
Suite, Apt. #, etc.
22 370 Minorca Ave., Ste. 5
City & State
23 Coral Gables, FL 33134
Zip 24
Country 25 Dade

2a. Mailing Address
26 c/o Miguel M. Gonzalez, Esq.
Suite, Apt. #, etc.
27 370 Minorca Ave., Ste. 5
City & State
28 Coral Gables, FL 33134
Zip 29
Country 30 Dade

3. Date Incorporated or Qualified: 07/01/1994
3a. Date of Last Report: 03/01/1995
4. FEI Number: 65-0503726 — [ ] 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 [X] No

9. Name and Address of Current Registered Agent
~~WEINSTEIN, PHILIP T~~
~~2250 S.W. THIRD AVE.~~
~~FIFTH FLOOR~~
~~MIAMI FL 33129~~

10. Name and Address of New Registered Agent
81 Name: MIGUEL M. GONZALEZ, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 370 Minorca Ave., Suite 5
83
84 City: Coral Gables, FL
85 Zip Code: 33134

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] Miguel M. Gonzalez
DATE: 3/24/96

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	QUIRCH, GUILLERMO II	
STREET ADDRESS	P.O. BOX 3366	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	SD	[ ] DELETE
NAME	QUIRCH, MARIANA P	
STREET ADDRESS	P.O. BOX 3366	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] Guillermo Quirch, II — 3/28/96 — (305) 461-1650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)