

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION \*  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra J. Myrland  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000000519 (7)

1. Corporation Name

9900 WEST CORPORATION, INC.



Principal Place of Business

Mailing Address

9900 WEST BAY HARBOR DRIVE  
BAY HARBOR ISLAND FL 33154

9900 WEST BAY HARBOR DRIVE  
BAY HARBOR ISLAND FL 33154

3. Date Incorporated or Qualified

02/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANTANA, FRANCIS X  
9900 WEST BAY HARBOR DRIVE  
BAY HARBOR ISLAND FL 33154

81 Name

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

28 WEST FLAGLER STREET

83

SUITE 500

84

MIAMI

FL

85 Zip Code 33130

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 PD ☐ DELETE

NAME LASKY, DAVID  
STREET ADDRESS 9900 WEST BAY HARBOR DRIVE APT 1  
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

TITLE VTD ☐ DELETE

NAME TORRADO, RENE  
STREET ADDRESS 9900 WEST BAY HARBOR DRIVE APT 3  
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

TITLE S ☐ DELETE

NAME CARDINALE-SANTANA, CAROL  
STREET ADDRESS 9900 WEST BAY HARBOR DRIVE APT 5  
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

TITLE D ☐ DELETE

NAME FOURNIER, ANDRE' R  
STREET ADDRESS 9900 WEST BAY HARBOR DRIVE APT 2  
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

TITLE D ☐ DELETE

NAME KAYMAN, BERNARD  
STREET ADDRESS 9900 WEST BAY HARBOR DRIVE APT 4  
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

TITLE D ☐ DELETE

NAME SANTANA, FRANCIS X  
STREET ADDRESS 9900 WEST BAY HARBOR DRIVE APT 5  
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME JOSEPH A. ORR, JR.  
1.3 STREET ADDRESS 9900 WEST BAY HARBOR DRIVE APT 6  
1.4 CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154

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 900001855279  
5.3 STREET ADDRESS -06/07/96--01022--036  
5.4 CITY-ST-ZIP \*\*\*61.25

6.1 TITLE ☐ Change ☐ 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David Lasky / President

Date

Daytime Phone #

1/29/96 305-864-8866

CR2E037 (12/95)