

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 729448 (1)

1. Corporation Name

WESTLAND SOUTH CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

221 S.W. 22ND AVE.  
#219  
MIAMI FL 33135

221 S.W. 22ND AVE.  
#219  
MIAMI FL 33135-1544

new mailing address

3. Date Incorporated or Qualified  
04/19/1974

3a. Date of Last Report  
02/26/1996

2. Principal Place of Business

2a. Mailing Address

21 275 Fontainebleau Blvd  
Suite, Apt. #, etc.

26 275 Fontainebleau Blvd #200  
Suite, Apt. #, etc.

22 200

27 200

23 City & State  
Miami FL

28 City & State  
Miami FL

24 Zip  
33172

25 Country  
USA

29 Zip  
33172

30 Country  
USA

4. FEI Number  
59-1679103

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALVAREZ, NESTOR, ATTY  
221 SW 22 AVE  
SUITE 200  
MIAMI FL 33135

81 Name  
NESTOR ALVAREZ

82 Street Address (P.O. Box Number is Not Acceptable)  
371 SW 8 ST Suite #209

83 Coral Gables, FL 33134

84 City  
Coral Gables FL 85 Zip Code  
33134

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD  
NAME MUNIZ, RENE  
STREET ADDRESS 4670 W 13TH LANE #312  
CITY-ST-ZIP HIALEAH FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PD  
NAME SANTIESTEBAN, CALIXTO  
STREET ADDRESS 4680 W 13TH LANE #425  
CITY-ST-ZIP HIALEAH FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD  
NAME BENITEZ, MODESTO  
STREET ADDRESS 4670 W. 13TH LANE #402  
CITY-ST-ZIP HIALEAH FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD  
NAME DE LA VEGA, RENE  
STREET ADDRESS 4680 W 13TH LANE #317  
CITY-ST-ZIP HIALEAH FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME GUERRERO, GONZALO  
STREET ADDRESS 4680 W. 13 KANE #214  
CITY-ST-ZIP HIALEAH FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97

207-9532

Daytime Phone # 0028115

CR2E037 (9/96)