


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000000519					
1. Corporation Name 9900 WEST CORPORATION, INC.					
Principal Place of Business 9900 WEST BAY HARBOR DRIVE BAY HARBOR ISLAND FL 33154			Mailing Address 9900 WEST BAY HARBOR DRIVE BAY HARBOR ISLAND FL 33154		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/02/1995	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0666676	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip- 24 Country 25		Zip 29 Country 30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent SANTANA, FRANCIS X 28 WEST FLAGLER ST. SUITE 500 MIAMI FL 33130				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

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	D	<input type="checkbox"/> DELETE		1.1 TITLE	P. D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ORR, JOSEPH			1.2 NAME	DAVID LASKY		
STREET ADDRESS	9900 W BAYHARBOR DR., APT 6			1.3 STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 1		
CITY-ST-ZIP	BAY HARBOR ISLAND FL			1.4 CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154		
TITLE	VTD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORRADO, RENE			2.2 NAME			
STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 3			2.3 STREET ADDRESS			
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARDINALE-SANTANA, CAROL			3.2 NAME			
STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 5			3.3 STREET ADDRESS			
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	HENRY ROSENBERG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FOURNIER, ANDRE' R			4.2 NAME			
STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 2			4.3 STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 2		
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154			4.4 CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAYMAN, BERNARD			5.2 NAME			
STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 4			5.3 STREET ADDRESS			
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANTANA, FRANCIS X			6.2 NAME			
STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 5			6.3 STREET ADDRESS			
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154			6.4 CITY-ST-ZIP			

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 617, 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: DAVID LASKY, PRESIDENT 1/8/99 305-864-8866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)