

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90103 035 ***150.00

DOCUMENT # J47188

1. Corporation Name
WEST ACRES, INC.

Principal Place of Business
C/O BAROUH. PERERA & ASSOC.
48 EAST FLAGLER STREET, SUITE 368
MIAMI FL 33131

Mailing Address
C/O BAROUH. PERERA & ASSOC.
48 EAST FLAGLER STREET, SUITE 368
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1986

4. FEI Number

59-2756606

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 9260 S.W. 72ND. STREET

Suite, Apt. #, etc.

22 SUITE 206

City & State

23 MIAMI, FLORIDA

Zip

24 33173

Country

25 U.S.A.

2a. Mailing Address

26 9260 S.W. 72ND STREET

Suite, Apt. #, etc.

27 SUITE 206

City & State

28 MIAMI, FLORIDA

Zip

29 33173

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

SCHULTZ, STEVEN A.
200 SOUTH BISCAYNE BLVD
SUITE 9450
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

Suite 2410

84 City

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME BEHRENS, ALFREDO A.
STREET ADDRESS APARTADO 62
CITY-ST-ZIP CARACAS, VENEZUELA

TITLE D ☐ DELETE
NAME BEHRENS, ANDRES
STREET ADDRESS 205 PALM AVENUE
CITY-ST-ZIP MIAMI BEACH FL

TITLE D ☐ DELETE
NAME BEHRENS, ALFREDO JR
STREET ADDRESS APARTADO 62
CITY-ST-ZIP CARACAS, VENEZUELA

TITLE D ☐ DELETE
NAME BEHRENS, HENRIQUE
STREET ADDRESS APARTADO 62
CITY-ST-ZIP CARACAS, VENEZUELA

TITLE VD ☐ DELETE
NAME SCHULTZ, STEVEN A
STREET ADDRESS 200 SOUTH BISCAYNE BLVD, SUITE 9450
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E034 (1/1/98)