

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1994



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

DOCUMENT # N94000006174 (6)

1. Corporation Name

WESTWOOD BUSINESS CENTER CONDOMINIUM ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

C/O L.M. QUALITY MANAGEMENT SERVICES
4001 N.W. 5 ST.
MIAMI FL 33126

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4001 N.W. 5 ST.
MIAMI FL 33126

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 28 AM 10:37



2. Principal Place of Business
21 1111 Kane Concourse
Suite, Apt. #, etc.
22 504
City & State
23 BAY HARBOR FL
Zip
24 33154
Country
25 DADE
26 1111 Kane Concourse
Suite, Apt. #, etc.
27 504
City & State
28 BAY HARBOR FL
Zip
29 33154
Country
30 DADE

3. Date Incorporated or Qualified

12/19/1994

4. FEI Number

65-0557426

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

7. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NUNEZ, LUZMARY
4001 N.W. 5 STREET
MIAMI FL 33126

81 Name LUZMARY NUNEZ
82 Street Address (P.O. Box Number is Not Acceptable)
1111 Kane Concourse 541te 504
83
84 City BAY HARBOR FL 85 Zip Code 33154

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]*
Signature (typed or printed name of registered agent and date applicable)

LUZMARY NUNEZ
(NOTE: Registered Agent signature required when reinstating)

10/25/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	SPAMPINATO, JORGE	2200 N.W. 102 AVE. #1	MIAMI FL 33172
TO	CUERVO, WILLIAM	2201 N.W. 102 PLACE #2	MIAMI FL 33172
SD	FRESNILLO, CARLOS	2200 N.W. 102 AVE. #6	MIAMI FL 33172

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
PD	ANTONIO DE CASTRO	2201 N.W. 102 PL #3	MIAMI FL 33172
VPD	CARLOS FRESNILLO	2200 N.W. 102 AVE #6	MIAMI FL 33172
TD	CARLOS CASTAÑEDA	2200 NW 102 AVE #4	MIAMI FL 33172
SD	MANUEL ALVAREZ	2200 NW 102 AVE #3	MIAMI FL 33172

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

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel Alvarez 10/25/99 (305) 865-8718
Date Daytime Phone # 0028330