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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 359380

(3)

WESTCHESTER ESTATES, INC.

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Mailing Address

FILED May 02 1997 8:00am Secretary of State



7800 RED ROAD SUITE 25 GOUTH MIAMI FL 33143		7900 RED ROAD Suite 25 South Miami Fl 33143-5				3a. Date of Last Report 07/30/1996			
2. Principal P	Place of Business	2a. Mailing Address			02/09/1970 4. FEI Number	0.7007		pplied For	
21		26			59-1370263			ot Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred			
City & Stat	е	City & State			Election Campaign Financing Trust Fund Contribution			May Be	
Zip	Country 25	Zip 29	Count	ry	8. This corporation has liability for in	ntangible tax	under s		
	9, Name and Address of Curr	ent Registered Agent	1321		10. Name and Address of New Reg	gistered Age	nt		
IGLE	ESIAS, ARNALDO		8	1 Name					
	8 S.W. 35TH STREET MI FL 33155		8	2 Street Add	lress (P.O. Box Number is Not Acceptable	le)			
			L	3					
			8	4 City		FL 8	5 Zip	Code	
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta Im familiar with, and accept the ob	ate of Florida. Such change was	authorized	by the corpora	poration submits this statement for the pr tion's board of directors. I hereby accep	urpose of cha	anging il ment as	ts registered registered	
SIGNATURE						· · · · · · · · · · · · · · · · · · ·			
12.	Signature, typed or printed name of registered	agent and title if applicable (NOT AND DIRECTORS	IF Registered /	/gent signature requ	arcd when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDC AND DI	DECTO	DC IN 10	
TITLE	PSD	DELETE	1.1 7011		ADDITIONS/CHANGES TO OFFIC		Change	Addition	
NAME	IGLESIAS, ARNALDO		1.2 NAM)		_	Onlingo	[
STREET ADDRESS	5875 S.W. 35TH STREET		1.3 STR	FT ADDRESS					
CITY-ST-ZIP	MIAMI FL		14 CITY	- ST - ZIP					
TITLE	D	☐ DELETE	2 1 1171				Change	Addition	
NAME	ARMAD, BENIJNO		2.2 NAM	E					
STREET ADDRESS	5738 S.W. 35TH STREET		2.3 STRE	ET ADDRESS					
CITY-ST-ZIP	MIAMI FL	——————————————————————————————————————		(-S)-ZIP					
TITLE	D ' B en itez, Manuel	☐ DELE1€	3.1 1(1)	}	•	U	Change] Addition	
NAME	5865 S.W. 35TH STREET		3.2 NAM						
STREET ADORESS	MIAMI FL			ET ADDRESS					
CITY-ST-ZIP TITLE	TITE WITH I G	☐ DELE1E	4.1 TITL	7-ST-ZIP			Change	Addition	
NAME			4. 2 NAA						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				·\$1-7IP					
TITLE		DELETE	5.1 1170				Change	Addition	
NAME			5 2 NAM	IE					
STREET ADDRESS			5.3 BTH	ET ADDRESS					
CITY-ST-ZIP				- \$1 - ZIP					
. TITLE		☐ DELETE	6.1 JIIL			نــا	Change	Addition	
NAME			6.2 NAM						
STREET ADDRESS			- 1	ET ADÓRESS					
CITY-ST-ZIP	L . <u></u>		6.4 CITY	-ST-7IP					

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 eath; that I am an officer or director of the corporation or the receiver or frustee 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.

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