

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 27 AM 10:54

DOCUMENT # **724250** (6)

1. Corporation Name  
**WESTCHESTER LUXURY INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**8990 CORAL WAY MIAMI FL 33165** **8990 CORAL WAY MIAMI FL 33165**

3. Date Incorporated or Qualified **09/01/1972** 3a. Date of Last Report **07/20/1994**  
4. FEI Number **59-1550133** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**VAZQUEZ, RUZZIEL**  
**8990 CORAL WAY**  
**MIAMI FL 33165**

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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ, RUZZIEL	12 NAME	
STREET ADDRESS	8990 CORAL WAY	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33165	14 CITY - ST - ZIP	
TITLE	ASD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATILDE, LLORENTE	22 NAME	
STREET ADDRESS	8990 CORAL WAY	23 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	24 CITY - ST - ZIP	
TITLE	VD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIENVENIDO, LORENZO	32 NAME	
STREET ADDRESS	8990 CORAL WAY	33 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33165	34 CITY - ST - ZIP	
TITLE	S	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMEN, SUAU	42 NAME	
STREET ADDRESS	8990 CORAL WAY	43 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	44 CITY - ST - ZIP	
TITLE	TD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLORENTE, AURELIO	52 NAME	
STREET ADDRESS	8990 CORAL WAY	53 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33165	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Aurelio L. Lorente* **AURELIO L. LORENTE** 3/15/95 226-7633  
SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR