

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 724250 (6)

1. Corporation Name
WESTCHESTER LUXURY INC.



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

3. Date Incorporated or Qualified: 09/01/1972
3a. Date of Last Report: 03/27/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1550133	Applied For: Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VAZQUEZ, RUZZIEL
8990 CORAL WAY
MIAMI FL 33165

81 Name: VINA, RAPHAEL
82 Street Address (P.O. Box Number is Not Acceptable): 8990 SW 24 ST #29
83
84 City: MIAMI FL 85 Zip Code: 33165

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: *Raphael Vina* (typed) RAPHAEL VINA, TREASURER (printed) 4-26-96 (date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE: PD	NAME: VAZQUEZ, RUZZIEL	1.1 TITLE:	ALONSO, ROBERTO
STREET ADDRESS: 8990 CORAL WAY	CITY-ST-ZIP: MIAMI FL 33165	1.2 NAME:	
TITLE: ASD	NAME: MATILDE, LLORENTE	1.3 STREET ADDRESS:	
STREET ADDRESS: 8990 CORAL WAY	CITY-ST-ZIP: MIAMI FL	1.4 CITY-ST-ZIP:	
TITLE: VD	NAME: BIENVENIDO, LORENZO	2.1 TITLE:	LLORENTE, MATILDE
STREET ADDRESS: 8990 CORAL WAY	CITY-ST-ZIP: MIAMI FL 33165	2.2 NAME:	
TITLE: S	NAME: GARMEN, SUAU	2.3 STREET ADDRESS:	
STREET ADDRESS: 8990 CORAL WAY	CITY-ST-ZIP: MIAMI FL	2.4 CITY-ST-ZIP:	
TITLE: TD	NAME: LLORENTE, AURELIO	3.1 TITLE:	LOPEZ, ANA
STREET ADDRESS: 8990 CORAL WAY	CITY-ST-ZIP: MIAMI FL 33165	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	SUAREZ, RAMON
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	VINA, RAPHAEL
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	500001829775
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	-05/20/96--01055--027
TITLE:	NAME:	6.3 STREET ADDRESS:	***61.25
STREET ADDRESS:	CITY-ST-ZIP:	6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *Raphael Vina* (typed) RAPHAEL E. VINA (printed) 4-15-96 (date) 305-220-3331 (daytime phone #)
TREASURER

CR2E037 (12/95)