

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

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95 MAY - 1 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **731063** (4)  
1. Corporation Name  
**WEST TRADE CONDOMINIUM, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**UNIT #6, 3239 W. TRADE AVENUE MIAMI FL 33133**      **UNIT #6, 3239 W. TRADE AVENUE MIAMI FL 33133**

3. Date Incorporated or Qualified **10/31/1974**      3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-1769889**      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. 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. 189.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**STURGEON, MARILYN  
3239 WEST TRADE AVENUE, #6  
MIAMI FLORIDA 33133**

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 city / applicable      (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHNEWICZ, LEE	12 NAME	
STREET ADDRESS	11280 SW 176 ST	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	
TITLE	SD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEITZEL, DAWN	22 NAME	
STREET ADDRESS	10 NW 87 AVE B207	23 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	24 CITY - ST - ZIP	
TITLE	TD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURGEON, MARILYN	32 NAME	
STREET ADDRESS	3239 WEST TRADE AVE #6	33 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	34 CITY - ST - ZIP	
TITLE	PD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHMALO, STEVEN	42 NAME	
STREET ADDRESS	20 W. SUNRISE DR.	43 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBAD, RAOUL	52 NAME	
STREET ADDRESS	3239 W. JROADE AVENUE 8	53 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL TRADE	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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marilyn Sturgeon* **MARILYN STURGEON** 4/26/95 303 4424061 (AM)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Signature Print #)