FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 AM 11:44

DOCUMENT # 736857 (4)

1. Corporation Name
WESTLAND COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
13501 N.W. 107 AVE. P.O.BOX 4274 HIALEAH LAKES FL 33014 33176-0004	13501 N.W. 107 AVE. P.O.BOX 4274 HIALEAH LAKES FL 33014 33176-0004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1734763 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

CARVAJAL, ARTURO (M.D.)
8431 DUNDEE TERR.
1435 W 49TH PL #305, HIALEAH, FL, 33012
MIAMI LAKES FL 33016

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CARVAJAL, ARTURO (M.D.)	12 NAME	
STREET ADDRESS	8431 DUNDEE TERR.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	VINCENTE, TOME	22 NAME	
STREET ADDRESS	490 W. 42 PL	23 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	DE DIEGO, JOSE	32 NAME	
STREET ADDRESS	17814 NW 16 ST	33 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	34 CITY-ST-ZIP	
TITLE	VS	41 TITLE	☐ Change ☐ Addition
NAME	COTO, JOSE	42 NAME	
STREET ADDRESS	52 ST 134 CT	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	SABATES, EDUARDO	52 NAME	
STREET ADDRESS	19860 NW. 67TH	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	VTD	61 TITLE	☐ Change ☐ Addition
NAME	OZABAL, ELVIA	62 NAME	
STREET ADDRESS	7411 PLANTATION BLVD	63 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	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)(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: Vicente Tome. Vice President 5-12-95 (305)557-6841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037631