


FILE NOW: FILING FEE IS \$61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 743020</b>					
1. Corporation Name <b>WESTLAND MANOR EAST CONDOMINIUM</b>					
Principal Place of Business			Mailing Address <b>6620 WEST 2nd. COURT, HIALEAH, FL. 33012</b>		

FILED

99 SEP 23 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		
22	City & State	27	City & State	4. FEI Number <b>59-1880951</b>	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>Vincent Frias 6620 W 2nd St # 103 Hialeah, FL 33012</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83 <b>400002999374-4</b>	
		84 City <b>-09/28/99--01047--021</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-permited 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 **Vincent Frias, Treasurer** (NOTE: Registered Agent signature required when reinstating) **Vincent Frias** **7-28-99** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PRESIDENT</b>	1.1 TITLE	<b>PRESIDENT D</b>
NAME	<b>GUIDO LLORCA</b>	1.2 NAME	<b>LUZ PELAEZ</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>6620 W 2nd St # 202</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Hialeah, FL 33012</b>
TITLE	<b>SECRETARY</b>	2.1 TITLE	<b>SECRETARY T</b>
NAME	<b>LUIS ECHEVERRIA</b>	2.2 NAME	<b>ROBERT BLANCO</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>6620 W 2nd St # 203</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Hialeah, FL 33012</b>
TITLE	<b>TREASURER</b>	3.1 TITLE	
NAME	<b>VINCENT FRIAS</b>	3.2 NAME	
STREET ADDRESS	<b>6620 W 2nd St # 103</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Hialeah, FL 33012</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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, with all other like empowered.

SIGNATURE: **Vincent Frias** **Luiz B. Pelaez** **Robert R. Blanco**  
Date **8-27-99** **10/27/99** **8-27-99**  
Daytime Phone # **(35) 826-6726**