

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 # 755111 (2)

1. Corporation Name
PARK WEST ASSOCIATION, INC.



Principal Place of Business: 247 MALAGA AVE. CORAL GABLES FL 33134 US
Mailing Address: 247 MALAGA AVE CORAL GABLES FL 33134 US

3. Date Incorporated or Qualified: 11/13/1980
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0138244
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEHOR, GEORGE
6910 SUNRISE COURT
CORAL GABLES FL 33133

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LEHOR, GEORGE	1.2 NAME	
STREET ADDRESS	6910 SUNRISE COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 0	1.4 CITY-ST-ZIP	
TITLE	PPD	2.1 TITLE	
NAME	RUWITCH, LEE	2.2 NAME	
STREET ADDRESS	1101 BRICKELL AVE #800	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	ALONSO, TONY (ANTONIO)	3.2 NAME	
STREET ADDRESS	96 NE 2ND AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	LOWENSTEIN, HENRY	4.2 NAME	
STREET ADDRESS	617 W. 46TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL	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	

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SECRETARY
ROWSAVILLE, ROYCE
901 NE 22ND AVE.
MIAMI, FL 33132

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, 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 as an attachment with an address.

SIGNATURE: George Lehor GEORGE LEHOR 3-11-96 305-448-4213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

11-16-96
JR