SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #

G01323

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Η(ΙΥΔΙ	WEST	PROPERTIES	INC

Principal Place	Mailing Address	ng Address			1 140 MM 2011 00 MM 140 F 0 MM 1 1/84 F 1	1 01011 11011 01011 01011 01011		
11890 SW 8TH ST Suite 401 Miama FL 33184-8717		11890 SW 8TH ST SUITE 401 MIAMI FL 33184-8717						
						3. Date Incorporated or Qualified 3a. Date of Last Ri 09/14/1982 04/27/1995		port
2. Principal Place of Business 21 11890 SW 8TH STREET		2a. Mailing Address 26 11890 SW 8TH STREET Suite Apt # etc			Γ	4, FEI Number 59-2220438	Not	olied For Applicable
Suite, Apt. #		27 SUITE 502				5. Certificate of Status Desired	\$8.75 Ac Fee Req	
City & State MIAMI, FLORIDA		City & State 28 MIAMI, FLO	L. L.			Election Campaign Financing Trust Fund Contribution	\$5.00 M	
Zip 24 33184	Country 25 USA	Zip		Country		8. This corporation has liability for a	ntangib <u>le t</u> ax under silf	
24] 33104	9. Name and Address of Curre	29 33184 ent Registered Agent	30	USA		Florida Statutes X 10. Name and Address of New Rec		
CAI	NTENS, GASTON			81	Name CANT			
	190 SW 8 STR			82	Street Addre	TENS, GASTON ss (P.O. Box Number is Not Acceptable		
STE				118	90 SW 8TH STREET	···		
MIAMI FL 33184				83		TE 502		
				84	MIA		FL 85 Zp C	ode 84
 Pursuant to office or reagent. I an 	o the provisions of Sections 607 056 egistered agent, or both, in the State mfamiliar with, and accept the oblic	02 and 607.1508, Florida Statut 5 of Florida: Such change was a gations of, Section 607.0505, Fli	tes, the authori. orida S	: above zed by itatutes	-rianied corpor the corporation	ration submits this statement for the punis board of directors. I hereby accept	rpose of changing its nather appointment as reg	agistered yistered
SIGNATURE	Signature: (ypicd or printed militier of registered ag	need and blin it applies that (be')	it Ross	dend Am	nt signature respered	Sultan rucctoron	DATE	
12.		ND DIRECTORS		13.	n dig terms respired	ADDITIONS/CHANGES TO OFFIC		IN 12
TITLE	DP	DELFIE	1	1 THTLE	DP		X Change	Add tion
NAME CANTENS, GASTON			1	2 NAME	CAI	NTENS, GASTON		
STREET ADDRESS 11890 SW 8TH ST STE 401			1	3 STREET	ADDRESS 111	890 SW 8TH STREET, S	UTTE 502	
CITY-ST-ZIP	MIAMI, FL 00000			4 CiTY -S	T-ZIP MI	AMI, FL 33184		
THUE	OT STATES	DELETE		1 TITLE	DS		X Change	Addition
NAME Profes Legacon	CANTENS, TERESITA 11890 SW 8TH ST STE 401			2 NAME	CAI	NTENS, TERESITA		
STREET ADDRESS	MIAMI FL				***** 118	890 SW 8TH STREET, S	TTTF 500	
CITY-ST-ZiP TITLE	MIMME FL.	DELETE		4 CITY -:	MIA	AMI, FL 33184	Change 2	X Addition
NAME				2 NAME	DŢ		Change E	71-10 11011
STREET ADDRESS					ADORESS 1.12	NTENS, FERNANDO 890 SW 8TH STREET SU	TMD COO	
CITY-ST-7IP				4 C(1Y-	SI - ZIP MI	AMI, FL. 33184	11E 302	
TITLE		DELETE		1 TIFLE			Change	Addition
NAME			4	2 NAME				
STREET ADORESS			4	3 STREET	adoress			ĺ
CITY-ST-ZiP			4	4 CITY - S	1 - 7IP			
TITLE		☐ DELETE		1 TITLE			Change	Addition
NAME				2 NAME				
STREET ADDRESS				3 STREET				
CITY-ST-ZIP TITLE		DELETE		4 CITY - S	T · ZIP		Channa	Adultion
NAME				1 TITLE 2 NAME			Change	
STREET ADDRESS				3 STREET	Anneess			
CITY-ST-ZIP				4 CITY - S				
14. I do hereb further cer made und	tify that the information indicated or	n this annual report or supplem tor of the corporation or the rec	urnishe entalia eiver c	d and onnual room	does not qualify aport is true an a empowered	y for the exemption stated in Section 1 id accurate and that my signature shat to execute this report as required by C	have the same legal e	flect as if
SIGNAT	URE: SIGNATURE AND TYPED O	OR PRINTED NAME OF SIGNING OFFICER	R OR DIR	ECTOR	<u> </u>	7/25/96	305) 121-978 Daylore Please	70