


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G58795** (7)
1. Corporation Name
WESTSIDE CORPORATE CENTER, INC.



Principal Place of Business C/O CORPORATE TAX DEPT P O BOX 020816 3600 N.W. 82ND AVE. MIAMI FL 33102	Mailing Address C/O CORPORATE TAX DEPT P O BOX 020816 3600 N.W. 82ND AVE. MIAMI FL 33102-0816
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3. Date Incorporated or Qualified 09/09/1983	3a. Date of Last Report 02/22/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2557214 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**HERRON, JAMES M.
P O BOX 020816 3600 N.W. 82ND AVE.
MIAMI FL 33102**

10. Name and Address of New Registered Agent

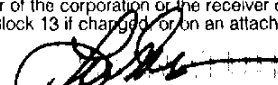
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, M. ANTHONY	1.2 NAME	
STREET ADDRESS	3600 N.W. 82ND AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSTON, EDWIN A.	2.2 NAME	
STREET ADDRESS	3600 N.W. 82ND AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VAT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGH, JOSHUA	3.2 NAME	
STREET ADDRESS	3600 NW 82ND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEIGENBAUM, ULLIAN	4.2 NAME	
STREET ADDRESS	3600 NW 82ND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, STEVEN, R	5.2 NAME	JOHN F. BRENNAN
STREET ADDRESS	3600 N.W. 82ND AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODE, R. RAY	6.2 NAME	
STREET ADDRESS	3600 NW 82 AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **ULLIAN FEIGENBAUM** (305) 500-3137
Assistant Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/01/96

WESTSIDE CORPORATE CENTER, INC.
(Florida)

OFFICERS

R. RAY GOODE	PRESIDENT
JOHN F. BRENNAN	VICE PRESIDENT & TREASURER
JAMES M. HERRON	VICE PRESIDENT & ASSISTANT SECRETARY
JOSHUA HIGH	VICE PRESIDENT & ASSISTANT TREASURER
EDWIN A. HUSTON	VICE PRESIDENT
J. WAYNE JOHNSON	VICE PRESIDENT
H. JUDITH CHOZIANIN	SECRETARY
JOAQUIN A. ALONSO	ASSISTANT TREASURER
GLYNIS A. BRYAN	ASSISTANT TREASURER
LILLIAN FEIGENBAUM	ASSISTANT TREASURER
GAIL D. PERRON	ASSISTANT TREASURER
W. DANIEL SUSIK	ASSISTANT TREASURER

DIRECTORS

M. ANTHONY BURNS - CHAIRMAN
R. RAY GOODE
EDWIN A. HUSTON

3600 N. W. 82nd AVENUE
MIAMI, FLORIDA 33166