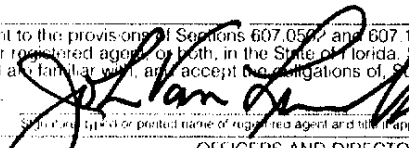
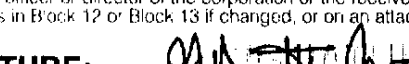


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H53556 (7)					
1. Corporation Name HIALEAH WEST COAST, INC.					
Principal Place of Business 105 E. 21ST STREET P.O. BOX 158, N/A HIALEAH FL 33010 US			Mailing Address 105 E. 21ST STREET P.O. BOX 158 HIALEAH FL 33010-2733 US		
2. Principal Place of Business			2a. Mailing Address		
21. Suite, Apt. #, etc.			26. Suite, Apt. #, etc.		
22. City & State			27. City & State		
23. Zip			28. Zip		
24. Country			29. Country		
25. Country			30. Country		
9. Name and Address of Current Registered Agent BRUNETTI, JOHN JR. 105 E 21 ST. HIALEAH FL 33010			10. Name and Address of New Registered Agent		
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.			81. Name John Van Lindt		
SIGNATURE 			82. Street Address (P.O. Box Number is Not Acceptable)		
			83. City		
			84. City		
			85. Zip Code		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE P			1.1 TITLE		
2. NAME BRUNETTI, JOHN J.			1.2 NAME		
3. STREET ADDRESS 105 E 21ST ST.			1.3 STREET ADDRESS		
4. CITY - ST - ZIP HIALEAH FL			1.4 CITY - ST - ZIP		
5. TITLE V			2.1 TITLE		
6. NAME BRUNETTI, JOHN J., JR.			2.2 NAME		
7. STREET ADDRESS 105 EAST 21ST STREET			2.3 STREET ADDRESS		
8. CITY - ST - ZIP HIALEAH FL			2.4 CITY - ST - ZIP		
9. TITLE S			3.1 TITLE		
10. NAME BRUNETTI, STEPHEN P.			3.2 NAME		
11. STREET ADDRESS 105 E 21ST STREET			3.3 STREET ADDRESS		
12. CITY - ST - ZIP HIALEAH FL			3.4 CITY - ST - ZIP		
13. TITLE T			4.1 TITLE		
14. NAME BOBER, MONROE			4.2 NAME		
15. STREET ADDRESS 105 E 21ST ST.			4.3 STREET ADDRESS		
16. CITY - ST - ZIP HIALEAH FL			4.4 CITY - ST - ZIP		
17. TITLE			5.1 TITLE		
18. NAME			5.2 NAME		
19. STREET ADDRESS			5.3 STREET ADDRESS		
20. CITY - ST - ZIP			5.4 CITY - ST - ZIP		
21. TITLE			6.1 TITLE		
22. NAME			6.2 NAME		
23. STREET ADDRESS			6.3 STREET ADDRESS		
24. CITY - ST - ZIP			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:  VICE PRESIDENT 01/15/97 (305) 885-8000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)