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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **J47188**

1. Corporation Name
WEST ACRES, INC.



Principal Place of Business
 C/O BAROUH. PERERA & ASSOC.
 48 EAST FLAGLER STREET, SUITE 368
 MIAMI FL 33131

Mailing Address
 C/O BAROUH. PERERA & ASSOC.
 48 EAST FLAGLER STREET, SUITE 368
 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 9260 S.W. 72ND. STREET	26 9260 S.W. 72ND STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 206	27 SUITE 206
City & State	City & State
23 MIAMI, FLORIDA	28 MIAMI, FLORIDA
Zip Country	Zip Country
24 33173 U.S.A.	29 33173 U.S.A.

3. Date Incorporated or Qualified	Applied For
12/15/1986	<input type="checkbox"/> Not Applicable
4. FEI Number	Applied For
59-2756606	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
SCHULTZ, STEVEN A.
200 SOUTH BISCAYNE BLVD
SUITE 9450
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 Suite 2410	
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 _____ DATE _____
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BEHRENS, ALFREDO A.	
STREET ADDRESS	APARTADO 62	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEHRENS, ANDRES	
STREET ADDRESS	205 PALM AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEHRENS, ALFREDO JR	
STREET ADDRESS	APARTADO 62	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEHRENS, HENRIQUE	
STREET ADDRESS	APARTADO 62	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHULTZ, STEVEN A	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD, SUITE 9450	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	Suite 2410
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, 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: *Steven A. Schultz, Vice Pres.* 3/25/99 305-377-1572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (1/1/98)