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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

K53083

(7)

WESTWOOD NATIONAL TITLE COMPANY

Principal Place of Business Mailing Address 6505 BLUE LAGOON DRIVE 6505 BLUE LAGOON DRIVE SUITE 240 SUITE 240 MIAMI FL 33126-6001 MIAMI FL 33126-6001

FILED Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

		7-51-70-1			12/22/1988				1
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number		Ar	plied For	į
21		26			65-0095826				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional			Additional	
22					5. Certificate of Status Desired	_ 	Fee Re	equired	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be				
23					Trust Fund Contribution Added to Fees				
Zip	Country	Zip	—	ountry 8. This corporation owes or has paid the current year I				_ ~	
24	[25] [29] [3								
	g, Name and Address of Current			10. Name and Address of New Regis	tered Agen	<u>t</u>			
CACICEDO, RAMON R. JR. ESQUIRE				81 Name					
6505 BLUE LAGOON DRIVE, SUITE 240			İ	82 Street Addre	ess (P.O. Box Number is Not Acceptable)				
h	VIIAMI FL 33126-6001								
				83					
			}	84 City		85	Zip (Codo	
				City		FL °°	Zip (Jode	
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statute	es, the ab	ove-named corp	oration submits this statement for the purp ion's board of directors. I hereby accept the	ose of char	iging it	s registered	
office or i	registered agent, or both, in the State of am familiar with, and accept the obligati	i Florida. Such change was a ons of. Section 607.0505. Fic	tuthorizeo orida Stati	I by the corporati utes.	ion's board of directors. I hereby accept the	ne appointm	ent as	registered	
SIGNATURE					-				
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E. Registerec	Agent signature require	ed when reinstating)	DATE			_
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRE	ECTOR	S IN 12	6
TITLE	PST	DELETE	1.1 TIT	LE		□ ¢	hange	☐ Addition	CR2E034 (10/97)
NAME	CACICEDO, RAMON R. JR.		1.2 NA	ME					*
STREET ADDRESS	6505 BLUE LAGOON DRIVE,	SUITE 240	1.3 ST	REET ADDRESS					Ä
CITY-ST-ZIP	MIAMI FL 33126-6001		1,4 CIT	Y-ST-ZIP					汉
TITLE	DVP	☐ DELETE	2.1 TIT	LE			hange	Addition	$\overline{\circ}$
NAME	CACICEDO JR., RAMON R.		2.2 NA	ME					
STREET ADDRESS	6505 BLUE LAGOON DRIVE,	SUITE 240	2.3 ST	REET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33126-6001		2. 4 Cî	TY-ST-ZIP					
TITLE		DELETE	3.1 TIT			C	hange	Addition	
NAME		•	3.2 NA	ME					
STREET ADDRESS			3.3 ST	REET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		DELETE	4.1 TiT			☐ CI	hange	Addition	
NAME			4, 2 NA			_	•		
STREET AODRESS			•	EET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		DELETE	5.1 TIT			□ CI	haone	Addition	
NAME			5,2 NAI				gv		
STREET ADORESS				EET ADDRESS					
				1				}	
CITY - ST - ZIP TITLE	<u> </u>	☐ DELÉTE	6.1 TITI	Y-ST-ZIP		☐ C≀	рапле	Addition	
NAME			6.2 NA			- C	range.		
			1						
STREET ADDRESS				EET AODRESS				ŀ	
CITY-SI-ZIP	partity that the information aumaliad with	this filing dose not qualify for		Y-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I furt	har acrtificat	ot the	oformetics.	
indicated	on this annual report or supplied with	nnual report is true and accu	rate and	that my signature	e shall have the same legal effect as if ma	ide under oa	ath; tha	tlam 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 HE REQUIRIRAMON R. Cacicedo

SIGNATURE: