FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
SUNDAY HARRIS
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00715 (6)

1. Corporate Name

OLD WESTON CORPORATION

Principal Place of Business

2665 S BAYSHORE DR
SUITE 900
MIAMI FL 33133
US

Mailing Address

2665 S BAYSHORE DR
SUITE 900
MIAMI FL 33133
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1984

3a. Date of Last Report: 04/22/1994

21 2. Principal Place of Business

26 2a. Mailing Address

4. FEI Number: 59-2404092 — Applied For / Not Applicable

22 Suite Apt. # or Bldg.

27 Suite Apt. # or Bldg.

5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

24 City 25 County 29 City 30 County

7. This corporation has actively engaged in business in accordance with Chapter 607 Florida Statutes. ☑ Yes ☐ No — NO ✓

9. Name and Address of Current Registered Agent

RICHARDS, TIMOTHY D
2665 S BAYSHORE DR PH1A83
SUITE 900
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0501 and 607.0505, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BALLON, ALFONSO
STREET ADDRESS	2 GROVE ISLE
CITY, ST, ZIP	MIAMI FL
TITLE	S
NAME	RICHARDS, T.
STREET ADDRESS	2665 S. BAYSHORE DR. STE 900
CITY, ST, ZIP	MIAMI FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information contained herein, to the best of my knowledge and belief, is accurate and that I am familiar with the provisions of Chapter 607.0501, Florida Statutes. I further certify that the information indicated on this 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 above, or on the attached list, with an office.

SIGNATURE: Timothy D. Richards
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR

4/24/95 305-858-9900
Date Phone

0134113 CP