


**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90078 028 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N98000004206</b> 1. Corporation Name <b>CANTEL WEST INDUSTRIAL PARK, INC.</b>		
Principal Place of Business 782 N LE JEUNE RD. STE 555 MIAMI FL 33128	Mailing Address 782 N LE JEUNE RD. STE 555 MIAMI FL 33128	



2. Principal Place of Business 21 <b>9330 Fontainebleau Blvd</b>	2a. Mailing Address 26 <b>9330 Fontainebleau Blvd</b>	3. Date Incorporated or Qualified <b>07/20/1998</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>65-0695616</b>
City & State 23 <b>Miami FL</b>	City & State 28 <b>Miami FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24 <b>33172</b>	Country 25 <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip 29 <b>33172</b>	Country 30 <b>USA</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>O'NAGHTEN, JUAN T</b> <b>2665 S BAYSHORE DR, STE 1100</b> <b>MIAMI FL 33133</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	<b>FL</b>	85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CABRERA, ANTONIO J</b>	1.2 NAME	
STREET ADDRESS	<b>782 N LE JEUNE RD, STE 555</b>	1.3 STREET ADDRESS	<b>9330 Fontainebleau Blvd.</b>
CITY-ST-ZIP	<b>MIAMI FL 33128</b>	1.4 CITY-ST-ZIP	<b>Miami FL 33172</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'NAGHTEN, JUAN T</b>	2.2 NAME	
STREET ADDRESS	<b>2665 S BAYSHORE DR, STE 1100</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELGADO, ROLANDO</b>	3.2 NAME	
STREET ADDRESS	<b>2665 S BAYSHORE DR, STE 1100</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: **SIGNATURE REQUIRED** *(Signature)* Date: **4-29-99** (305) 599-9597

CR2E037 (11/98)