

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000008028 (2)

1. Corporation Name:

WEST AIRPORT, INC.



Principal Place of Business

7309 NW 36TH ST
MIAMI FL 33166

Mailing Address

7309 NW 36TH ST
MIAMI FL 33166

3. Date Incorporated or Qualified
11/30/1992

3a. Date of Last Report
04/18/1995

4. FEI Number

65-0371681

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASSA, SERGIO
8347 S W 40ST
MIAMI FL 33155

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 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

(Signature required only if the office being changed is the principal office)

(SOLE Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DPT
CHIPOCO, RAUL H
8533 SW 144TH CT
MIAMI FL 33183

11.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
☐ Change ☐ Addition

11.2 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DVS
PAREDES, ANGELA M
1151 NW 76 AVE.
PLANTATION, FL 33322

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
☐ Change ☐ Addition

11.3 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
☐ Change ☐ Addition

11.4 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
☐ Change ☐ Addition

11.5 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
☐ Change ☐ Addition

11.6 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

ANGELA PAREDES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT 1/25/96 (305) 477-8687

Date:

Telephone #

CR2E034 (12/95)