


FILED
Mar 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000008028
 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


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/30/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0371681	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29	
Country		Country		30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81		82	
MASSA, SERGIO		Street Address (P.O. Box Number is Not Acceptable)	
8347 S W 40ST			
MIAMI FL 33155		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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		1.1 TITLE			
NAME		1.2 NAME			
STREET ADDRESS		1.3 STREET ADDRESS			
CITY-ST-ZIP		1.4 CITY-ST-ZIP			
DPT		2.1 TITLE			
CHIPOCO, RAUL H		2.2 NAME			
8533 SW 144TH CT		2.3 STREET ADDRESS			
MIAMI FL 33183		2.4 CITY-ST-ZIP			
DVS		3.1 TITLE			
PAREDES, ANGELA M		3.2 NAME			
1151 NW 76 AVENUE		3.3 STREET ADDRESS			
PLANTATION FL		3.4 CITY-ST-ZIP			
		4.1 TITLE			
		4.2 NAME			
		4.3 STREET ADDRESS			
		4.4 CITY-ST-ZIP			
		5.1 TITLE			
		5.2 NAME			
		5.3 STREET ADDRESS			
		5.4 CITY-ST-ZIP			
		6.1 TITLE			
		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: Angela M. Paredes Vice President 3/26/99 (305) 477-8687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)