

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

FILED

Apr 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000010015 (5)**

1. Corporation Name

**LA GORCE WEST, INC.**

Principal Place of Business

**11098 BISCAYNE BLVD.  
SUITE 402  
MIAMI FL 33161**

Mailing Address

**11098 BISCAYNE BLVD.  
SUITE 402  
MIAMI FL 33161**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/08/1992**

4. FEI Number

**65-0379575**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BEDZOW, MICHAEL  
20803 BISCAYNE BLVD  
SUITE 200  
AVENTURA FL 33180**

81 Name

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

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME **PDT  
BEDZOW, CHARLES**  
STREET ADDRESS **11098 BISCAYNE BLVD.**  
CITY-ST-ZIP **MIAMI FL**

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**33161**

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **VSD  
BEDZOW, SARA**  
STREET ADDRESS **11098 BISCAYNE BLVD.**  
CITY-ST-ZIP **MIAMI FL 33161**

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☒ DELETE

3.1 TITLE ☒ Change ☒ Addition

NAME **~~SHAPIRO, HOWARD~~**  
STREET ADDRESS **11098 BISCAYNE BLVD.**  
CITY-ST-ZIP **MIAMI FL**

3.2 NAME **VAS  
BLANCO, CAMILO**  
3.3 STREET ADDRESS **11098 BISCAYNE BLVD #402**  
3.4 CITY-ST-ZIP **MIAMI FL 33161**

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

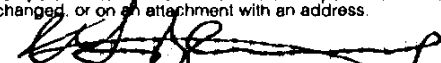
6.3 STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



**3/26/98 305/897-587**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Date

Daytime Phone #

0226132

CR2E034 (10/97)