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May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # P93000015041 (5)

1. Corporation Name
1427 WEST, INC.

Principal Place of Business	Mailing Address
4000 NORTH MIAMI AVE. MIAMI FL 33127	4000 NORTH MIAMI AVE. MIAMI FL 33127-2810

3. Date Incorporated or Qualified: 02/26/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 48 East Flagler St.
22 Suite, Apt. #, etc.: #4
23 City & State: Miami, FL
24 Zip: 33131
25 Country: USA

2a. Mailing Address
26: 48 East Flagler St.
27 Suite, Apt. #, etc.: #4
28 City & State: Miami, FL 33131
29 Zip: 33131
30 Country: USA

4. FEI Number: 65-0421552 ☐ 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

9. Name and Address of Current Registered Agent

OHANIAN, DEBRA
4000 NORTH MIAMI AVE.
MIAMI FL 33127

10. Name and Address of New Registered Agent

81 Name: Debra Ohanian
82 Street Address (P.O. Box Number is Not Acceptable): 48 East Flagler St. #4
83
84 City: Miami FL 85 Zip Code: 33131

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] 5-1-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	President	☒ Change ☐ Addition
NAME	OHANIAN, DEBRA		12 NAME	Debra Ohanian	
STREET ADDRESS	4000 NORTH MIAMI AVE.		13 STREET ADDRESS	48 East Flagler St. #4	
CITY-ST-ZIP	MIAMI FL 33127		14 CITY-ST-ZIP	Miami, FL 33131	
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: [signature] 5-1-97 (305)373-1273