

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Aug 06 1996 8:00 am  
Secretary of State

DOCUMENT # **P94000033328 (3)**

1. Corporation Name

**WESTLAND FINANCIAL SERVICES, INC.**



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
4680 WEST 17 COURT SUITE 3 HIALEAH FL 33012		4680 WEST 17 COURT SUITE 3 HIALEAH FL 33012		05/02/1994	09/01/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable		
21. Suite, Apt #, etc	26. Suite, Apt #, etc	65-0487105			
22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DON, FRANK J 4680 WEST 17 COURT SUITE 3 HIALEAH FL 33012				81. Name	Robert Briele		
				82. Street Address (P.O. Box Number is Not Acceptable)	7975 NW 154 Street		
				83. Suite	Suite 400		
				84. City	FL	85. Zip Code	33016
				Miami Lakes			

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]* 7/22/96  
Signature, typed or printed name of registered agent and board applicant. (NOTE: Registered Agent Signature Required when incorporating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DON, FRANK J	1.2 NAME	
STREET ADDRESS	4680 WEST 17 COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33012	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		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	200001914452 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	-08/06/96--01157--025
STREET ADDRESS		5.3 STREET ADDRESS	***225.00
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *[Signature]* 7/31/96 205-5574199  
Signature and typed or printed name of signing officer or director.

CR2E034 (3/96)