

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 31 PM 2:44

DOCUMENT # P94000054001 (0)

1. Corporation Name

WESTWIND MARKETING INC.

Principal Place of Business

**4000 TOWERSIDE TERRACE
APT. 611
MIAMI FL 33138**

Mailing Address

**4000 TOWERSIDE TERRACE
APT. 611
MIAMI FL 33138**

DO NOT WRITE IN THIS SPACE:

3. Date Incorporated or Qualified
07/18/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

25

4. FEI Number

65-0517892

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAPHAEL, STANLEY
4000 TOWERSIDE TERRACE
APT. 611
MIAMI FL 33138**

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, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **RAPHAEL, STANLEY**
STREET ADDRESS **4000 TOWERSIDE TERRACE, #611**
CITY- ST- ZIP **MIAMI FL 33138**

1.1 TITLE **PS** ☐ Change ☒ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY- ST- ZIP

1.4 CITY- ST- ZIP

NAME

2.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

2.2 NAME

CITY- ST- ZIP

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

NAME

3.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

3.2 NAME

CITY- ST- ZIP

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

NAME

4.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

4.2 NAME

CITY- ST- ZIP

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

NAME

5.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

5.2 NAME

CITY- ST- ZIP

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

NAME

6.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

6.2 NAME

CITY- ST- ZIP

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

NAME

STREET ADDRESS

CITY- ST- ZIP

NAME

STREET ADDRESS

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 110.07(3)(b), 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: Stanley S. Raphael **STANLEY S. RAPHAEL**

1/27/95

305 895 6153