1-28-110-08811-0

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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400054001 (0)

WESTWIND MARKETING INC.

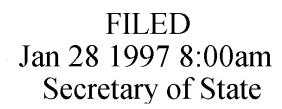
Principal Place of Business

4000 TOWERSIDE TERRACE APT. 611 Mailing Address

4000 TOWERSIDE TERRACE

APT. 611

MIAMI FL 33138-2237





MIPURI PE 3313		MINMI (F 2014) ESA		07/18/1994	a, Date of Last Report 02/09/1996
	lace of Business	2a. Mailing Address	D. 5	4. FEI Number	Applied For
21 472			CAIRS BLVD	65-0517892	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stale 23 BOCA	KATON FLORIDA	City & State RATO	N. FLURIDA	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 3342	Country USA			8. This corporation has liability for intan	
24 3348	9 Name and Address of Current		30 10377	Florida Statutes	s No
540		negistered Agent	81 Name		ered Agent
	HAEL, STANLEY			RAPHAEL STANLE	L.A
	TOWERSIDE TERRACE		Street Address (P.O. Box Number is Not Acceptable)		
	. 611		83	22) BOCAIRE BLYD	
MIA	MI FL 33138		63		
			84 City	OLA RATON .	FL 85 Zip Code 33487
	- A C			7.17.	
office or r	egistered agent, or both, in the State of	of Florida. Such change was au	uthorized by the corpora	poration submits this statement for the purporation's board of directors. I hereby accept the	e appointment as registered
agent I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statutes.	, , , , , , , , , , , , , , , , , , , ,	.,,
SIGNATURE					
	Signature, typed or printed name of registered agen OFFICERS AND		Registered Agent signature requ		AND DIRECTORS IN 10
12.	PS OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	RAPHAEL, STANLEY		1.2 NAME	RAPHAGL, STANLEY 4221 BOCAIRE BLVI	
	ASSA TOUTSONE TENDAGE ASSA		1.3 STREET ADDRESS	4771 BOCAIRE BLYI)
STREET ADDRESS	MIAMI FL	VII		BOCA RATON, FLORIDA	a 33487
C:TY - ST - ZIP TITLE	MINNR FL	DELETE	1.4 CITY-ST-ZiP 2.1 TITLE	DUCK KATON, F LUKISI	Change Addition
NAME		L. Dittil	2.2 NAME		C''I Outside
			2.3 STREET ADDRESS		
STREET ADDRESS					
CITY - ST - ZIP		DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
		[_] better	3.2 NAME		C outside C vocinous
NAME OTRECT LOGREDO					
STREET ADDRESS			3.3 STREET ADORESS		
CITY - ST - ZIP TITLE		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
		[Details	4 2 NAME		C Cuttings I'm rectition
NAME CARGET ARRESTS					
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		□ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		SCC. IL	5.2 NAME		C Samuel C MODITION
STREET ADDRESS .			5.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

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 appeddress.

SIGNATURE

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97

561 988 9287

ytime Phone #