

1-28-17 0-088-1-C

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33138-2237

3. Date Incorporated or Qualified
07/18/1994

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

21 4221 BOCAIRE BLVD

Suite, Apt. #, etc.

22

23 BOCA RATON FLORIDA

24 33487

25 USA

2a. Mailing Address

26 4221 BOCAIRE BLVD

Suite, Apt. #, etc.

27

28 BOCA RATON, FLORIDA

29 33487

30 USA

4. FEI Number

65-0517892

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

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

10. Name and Address of New Registered Agent

81 Name

RAPHAEL, STANLEY

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

4221 BOCAIRE BLVD

83

84 City

BOCA RATON

FL

85 Zip Code

33487

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

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS
1.2 NAME RAPHAEL, STANLEY
1.3 STREET ADDRESS 4221 BOCAIRE BLVD
1.4 CITY - ST - ZIP BOCA RATON, FLORIDA 33487

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97

561 988 9287

Date

Daytime Phone #

CR2E034 (9/96)