

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

APPROVED
AND
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1996 MAY -1 PM 12: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

PROFIT CORPORATION
ANNUAL REPORT
1996

DOCUMENT # **P94000058314 (3)**

1. Corporation Name

WESTLAND MOBILE HOME PARK INC.

Principal Place of Business Mailing Address
765 NW 37TH AVENUE STE. 258 MIAMI FL 33255 **POST OFFICE BOX 558703 MIAMI FL 33255**

3. Date Incorporated or Qualified 08/08/1994	3a. Date of Last Report 09/05/1995
4. FEI Number 65-0538108	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip Country
24	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, MARIA
765 NW 37TH AVENUE STE. 258
MIAMI FL 33255

81 Name AMERILAWYER CHARTERED
82 Street Address (P.O. Box Number is Not Acceptable) c/o Lawrence J. Spiegel
83 343 Almeria Avenue
84 City Coral Gables
FL 85 Zip Code 33134

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]* By: **AMERILAWYER CHARTERED** President **4/09/96** DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GONZALEZ, MARIA	
STREET ADDRESS	765 NW 37TH AVENUE STE. 258	
CITY - ST - ZIP	MIAMI FL 33255	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRANADOR, MOISES	
STREET ADDRESS	765 NW 37TH AVENUE STE. 258	
CITY - ST - ZIP	MIAMI FL 33255	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	000001803240
1.4 CITY - ST - ZIP	-05/01/96--01062--026
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	***208.75 ***208.75
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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]* **MARIA GONZALEZ** **4 09 96** **0 93 16 10**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)