## 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 # P94000058314 (3)

WESTLAND MOBILE HOME PARK INC.

Tara Manua (1913)

97 HAY -1 PM 1: 27

SECRETARY OF STATE TALLAHASSEE FLORIDA

Suite, Apt. #, etc.    Suite, Apt. #, etc.	Principal Place of Business Mailing Address  785 NW 37TH AVENUE STE. 258 POST OFFICE BOX 558703 MIAMI FL 33255-8703											
2. Principal Place of Beunness   2. Mailring Address   3. FEI Number   Applied for   Applied for											teport	]
Suite, Auf # etc   Suite, Apt #	2. Principal Pla	ace of Business	ļ	ļ				4. FEI Number	FEI Number Applied For			
City & State  AMERIA AMERIA AMERIA  AMERIA AMERIA AMENUE  CITY & State	21			: to A-1 # -to				65-0538108				-
City & State  28  29  20  20  Country  20  Country  20  Country  20  Country  20  Country  20  Country  30  Country  6. Name and Address of Current Registered Agent  AMERILAWYER CHARTERED  COI LAWRENCE J. SPEEDL  33 ALIERA AVENUE  CORAL GABLES FL 33134  CORAL GABLES FL 33134  44  City  FL 85  Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the previsions of Sections 607 0552 and 607 1508, Florida Statutes, the above-named corporation is submits this statement for the purpose of changing list registered districts or reynamed agent or both, in the State of Trisch Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or reynamed florid registered of the control of the purpose of Changing list registered office or registered or registered office or registered office or registered or r		F, EIC	<b>├</b> ──	uite, Apt. #, etc.				5. Certificate of Status Desired		•		
Zip   Country   Zip   Country   Zip   Country   B. This composition has slability for intergible tox under s. 199 032,	City & State		c	ity & State	······································		······································	, , ,				1
B. Name and Address of Current Registered Agent  AMERILAWRENCE J. SPIEGEL 33 ALMERIA AVENUE CORAL GABLES FL 33134  B. Oily  FL BS Zip Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Stellutes, the above-named corporation submits this statement for the purpose of changing its registered agent. at his malerial with, and accept the obligation of Section 607,0502 and 607,0507 a		Country		φ	Cou	intry					199.032,	1
AMERILAWYER CHARTERED -C/O LAWRENCE J. SPIEGEL 343 ALMERIA AWENUE CORAL GABLES FL 33134  AMERIA GABLES COMPACIFIED CORAL GABLES COMPACIFIED COMPACIFIED CORAL GABLES COMPACIFIED	24				30						<del></del>	1
AND DELETE STREET ADDRESS (P.O. Box Number is Not Acceptable)  22 Street Address (P.O. Box Number is Not Acceptable)  33 ALMERIA AVENUE CORAL GABLES FL 33134  34 City FL 8 Zip Codo  11. Pursiant to the provisions of Sections 607 0502 and 607 1508, Florida Stabules, 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 and amendment and accept the obligations of. Section 607 0505, Florida Statutes.  SIGNAT UTE Spatial typical or exists name at registered agent and time applicable.  12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ORIGINATION AND STATE AVENUE STE. 258 13. SIREPLADORES 13. SIREPLADORES 13. SIREPLADORES 13. SIREPLADORES 14. STATE ADDRESS 14. STATE ADDRESS 14. STATE ADDRESS 15. STATE ADDRESS 1	<u> </u>		nt Registe	red Agent				10. Name and Address of New Re	glatered	Agent		-
343 ALMERIA AVENUE CORAL GABLES FL 33134  B  Oily  FL  B  Oily  FL  B  Exp Code  11. Pursuant to the previsions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 1 am familiar with an adverted the objection of Codes, Florida Statutes  SIGNATURE  Signature implication and accept the objection of Codes, Florida Statutes  SIGNATURE  Signature implication of Sections 607 0505, Florida Statutes  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. INTE  OGNIZALEZ, MARIA 765 NW 37TH AVENUE STE. 258  13. STREET ADDRESS  14. CITY-S1-7P  14. CITY-S1-7P  PD  GRANADOR, MOISES  765 NW 37TH AVENUE STE. 258  MAMI FL 33255  OIL S1-7P  ORLETE  17. THE  ORLETE  17						81	Name					
CORAL GABLES FL 33134    B3						82	Street Addr	ess (P.O. Box Number is Not Acceptal	ole)			
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation aubmits 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, 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, 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, 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, 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 defects.  In the Supplies of Control of Experiment as 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 defects.  In the Supplies of Control of Experiment as registered agent, or both, in the Supplies and the property of the Control of Experiment as registered defects. I hereby accept the appointment as registered agent, or both, in the Supplies and the control of Experiment as a s						83		· · · · · · · · · · · · · · · · · · ·				1
11. Pursuant to Inc provisions 607 0502 and 607 1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ON THE CONTROL OF THE CONTROL	,					84	City			85 Zip	Code	1
SIGNATUFIE						Ш						╛
12.	SIGNATURE					_				ointment as	registered	
DELETE   11 TITLE     Change   Addition   Research						d Age	ent signature requir			DIDECTOR	20 11 40	٦,
NAME   STREET ADDRESS   TACHTY-ST-ZP    THE   DELETE   STREET ADDRESS   THE PROPESS	···					<del></del>		ADDITIONS/CHANGES TO OFFIC	ENS AND			- 8
STREET ADDRESS   TAGETY ST. 7/P	: 1	•		ניין הנגדונ			ł			L_1 Grange	LJ Addition	100
14 CITY-ST-ZIP			258		1		ADDRESS					8
DELETE   PD	i i				- 6		1					12
STREET ADDRESS   MIAMI FL 33255		PD				~		900002162049			Accition	<b>₫</b> ₿
STREET ADDRESS   MIAMI FL 33255	NAME	GRANADOR, MOISES			2.2 N	AME		-05/01/	<u> </u>	11069	U16	
DELETE   31 TITLE     Change   Addition	STREET ADDRESS	765 NW 37TH AVENUE STE.	258		2.3 S	FREET	ADDRESS	***214	5.00	****	65.00	
STREET ADDRESS   S   S   STREET ADDRESS   S   S   STREET ADDRESS   S   S   S   S   S   S   S   S   S	City-St-ZiP	MIAMI FL 33255			2.40	ATY-S	ST-ZIP					}
33 STREET ADDRESS   34 CITY-ST-ZIP	TITLE			DELETE	3.1 TI	TLE				☐ Change	Addition	]
34. CITY-ST-ZIP	NAME				3.2 N	ME	1					
TITLE	STREET ADDRESS				33 S	TREET	ADDRESS					•
A 2 NAME	CHTY+ST-ZIP						ST-ZIP					╛
A STREET ADDRESS   A STREET ADDRESS   A STREET ADDRESS   A CITY - ST - ZIP	1			L_J DELETE	•					L Change	<b>∠</b> Addition	
A CITY - ST - ZIP	i J											
DELETE												
NAME				T NCI ETE			I-ZIP			Channe	Addition	┥
STREET ACHINESS				בין טנגנינ	1		l			C CHARGE	E REGISSION	1
	1				•		ADDRECC					
TITLE         DELETE         61 TITLE         Change         Addition           NAME         62 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIF         64 CITY-ST-ZIP												1
NAME STREET ADDRESS CITY-ST-ZIF 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP				DELETE			1-20			Change	☐ Addition	1
STREET ADDRESS CHY-SI-ZIF 6.4 CITY-ST-ZIP	ļ			ted Deterio	1 /		}					
CITY-ST-ZIP 64 CITY-ST-ZIP	l l				11		ADDRESS					
	[				E (		ſ					
		y certify that the information suppli	ed with this	filing does not qual				in Section 119.07(3)(i), Florida Statute	s. I furthe	r certify that	the	1

file receiver or trustee en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name on an attachment with an address. I am an officer or direct appears in Block 12 dr

SIGNATURE:

0256561