FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # P94000065772 (3)

FIRST WESTERN PROPERTIES, INC.

APPROVED AND FILED

95 MAY -1 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

150 S.E. 2ND AVE.
SUITE 500
MIAMI FL 33131

150 S.E. 2ND AVE
SUITE 500
MIAMI FL 33131

3. Date of Incorporation or Qualification: 09/07/1994

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

22 — 27

23 — 28

24 — 25 — 29 — 30

4. FEI Number: Applied For / Not Applicable (X)

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. The corporation has elected to be governed by Section 607.1201 Florida Statutes: Yes / No

9. Name and Address of Current Registered Agent

SILVER, IRA S
150 S.E. 2ND AVE.
SUITE 500
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 Section 607.0501 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

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	SILVER, IRA S
STREET ADDRESS	150 S.E. 2ND AVE., SUITE 500
CITY, STATE, ZIP	MIAMI FL 33131

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (IF ANY)

TITLE — Change / Addition
NAME
STREET ADDRESS
CITY, STATE, ZIP

TITLE — Change / Addition
NAME
STREET ADDRESS
CITY, STATE, ZIP

TITLE — Change / Addition
NAME
STREET ADDRESS
CITY, STATE, ZIP

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TITLE — Change / Addition
NAME
STREET ADDRESS
CITY, STATE, ZIP

TITLE — Change / Addition
NAME
STREET ADDRESS
CITY, STATE, ZIP

14. I hereby certify that the information supplied with this report, to the best of my knowledge, is true and correct. I further certify that I am an officer or director of the corporation or the agent of the corporation upon whom process may be served, and that my name appears in Block 12 or Block 13 of this report, or I am the person designated to execute this report.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95

305-374-8888
Telephone Number

0197582 CP