## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000067713 (5)

WESTHAM TRADE CORP.

Principal Place of Business
2855 N UNIVERSITY DRIVE
SUITE 520
CORAL SPRINGS FL 33065

Mailing Address

## **FILED** Sep 08 1997 8:00am Secretary of State



8	UITE 520	ersity drive IGS FL 33069		SUITE	2855 N UNIVERSITY DRIVE SUITE 520 CORAL SPRINGS FL 33065					DO NOT W	RITE IN T	HIS SPAC	Œ			
					COUNT SENSON PL 33003					3. Date Incorporated or Qualified 3a. Date of Last Re 09/08/1994 07/01/1996				-1	7	
	Principal P	lace of Busin	noss		28. Mailing Address				4	4. FEI Number		Applied For			]	
21	Sulte, Apt.	# etc		<del></del>	Suite, Apt. #, etc.					52-1366262		Not Applicable \$8.75 Additional				
22				27	27					5. Certificate of Status Desired	<b>X</b>			Additional equired		
23	City & State				City & Stato				•	<ol> <li>Election Campaign Financial Trust Fund Contribution</li> </ol>	ng 🗆			May Be to Fees		
	Zip		Country 25	Zip	Zip Cou				8	This corporation owes or ha Personal Property Tax due			year In		1	
9, Name and Address of Current Registered Agent									10	D. Name and Address of New				<u> </u>	┨	
	CE	LEDON, FR	ANCISCO				81	Name	)						1	
2855 N UNIVERSITY DRIVE SUITE 520								Street	Address	(P.O. Box Number is Not Acce	eptable)				$\dashv$	
			GS FL 33065												$\dashv$	
							84	City	<del> </del>			FL 85	Zip	Code	-	
11.	Pursuant to	to the provisi egistered ag m familiar wi	ions of Sections 607.0502 ent, or both, in the State of th, and accept the obligat	and 607.15 of Florida. S	508, Florida Statu uch change was	utes, the a	bove d by	named the con	d corporati rporation's	ion submits this statement for a board of directors. I hereby a			j nging i nent as	ts registered registered	7	
Sic	SNATURE		,	·												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered									e required who		DA		FATO	20 111 44	٦,	
TITA		PTD	OFFICERS AND	DIRECTOR	DELETE	$\frac{13.}{11.7}$	ITI C		T	ADDITIONS/CHANGES TO C	PERCERS		ECTO: Change	Addition	- £	
NAM		NAVARRO, H. ANDRES					IAME					μ,	Manuc	LJ ADURIUN		
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CORAL SPRINGS FL 33065					1.3 S										ļű	
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CITY-ST-ZIP CORAL SPRINGS FL 33065								2. 4 CITY - S1 - ZIP								
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NAM	AE .		, S. RICARDO			3.2 N	IAME									
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CITY	Y-ST-ZIP	CORAL	SPRINGS FL 33065			3.4.1	OffY-S	T-ZIP								
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CITY	(-ST-ZIP		aliana ara	Total of the Man		6.4 0	iTY-ST	- ZIP	1						1	

I do hereby certify that the information supplied with this filing does a information indicated on this annual report or supplemental annual rel I am an officer or director of the corporation or the receiver or truffee appears in Block 12 or Block 13 if changed, or on an attachment with s or qualify for se exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the report is true and courate and that my signature shall have the same legal effect as if made under oath; that the provided to execute this report as required by Chapter 607, Florida Statutes; and that my name