

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000086334 (7)

1. Corporation Name

BALBIWEST CORP.



Principal Place of Business

Mailing Address

~~ONE BISCAYNE TOWER TWO SO. BISCAYNE BLVD.~~
~~STE. 3150~~
~~MIAMI FL 33131-1897~~

~~ONE BISCAYNE TOWER TWO SO. BISCAYNE BLVD.~~
~~STE. 3150~~
~~MIAMI FL 33131-1897~~

3. Date Incorporated or Qualified

11/29/1994

3a. Date of Last Report

05/23/1995

2. Principal Place of Business

2a. Mailing Address

21 ~~200~~ S. Biscayne Blvd.

26 200 S. Biscayne Blvd.

4. FEI Number

65-0537047

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 3150

27 Suite 3150

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Country

Zip

Country

24 33131

25 USA

29 33131

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHULTZ, STEVEN A

~~ONE BISCAYNE TOWER TWO SO. BISCAYNE BLVD.~~
~~STE. 3150~~
~~MIAMI FL 33131-1897~~

81 Name

Steven A. Schultz

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

200 S. Biscayne Blvd.
Suite 3150

84 City

Miami, Florida

FL

85 Zip Code

33131

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSTD ☐ DELETE
NAME SCHULTZ, STEVEN A
STREET ADDRESS ONE BISCAYNE TOWER TWO SO. BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

TITLE P ☐ DELETE
NAME FRANCISCO, JUAN B
STREET ADDRESS 3163 INVERNESS
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VSTD ☒ Change ☐ Addition
1.2 NAME Steven A. Schultz
1.3 STREET ADDRESS 200 S. Biscayne Blvd., Ste 3150
1.4 CITY-ST-ZIP Miami, Florida 33131 ☐ Change ☐ Addition

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice Pres. 4/16/96 (305) 377-1572

CR2E034 (12/95)