

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000086336 (2)

1. Corporation Name
FARIAWEST CORP.



Principal Place of Business: ~~ONE BISCAYNE TOWER 2 S BISCAYNE BLVD. STE 3150 MIAMI FL 33131-1897~~
Mailing Address: ~~ONE BISCAYNE TOWER 2 S BISCAYNE BLVD. STE 3150 MIAMI FL 33131-1897~~

3. Date Incorporated or Qualified: **11/29/1994**
3a. Date of Last Report: **06/20/1995**
4. FEI Number: **65-0537046**
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. 190.032, Florida Statutes: Yes No

2. Principal Place of Business
21. **200 S. Biscayne Blvd**
Suite, Apt. #, etc.: **Suite 3150**
City & State: **Miami, Florida**
Zip: **33131** Country: **USA**
2a. Mailing Address
26. **200 S. Biscayne Blvd.**
Suite, Apt. #, etc.: **Suite 3150**
City & State: **Miami, Florida**
Zip: **33131** Country: **USA**

9. Name and Address of Current Registered Agent
SCHULTZ, STEVEN A
~~ONE BISCAYNE TOWER 2 S BISCAYNE BLVD. STE 3150 MIAMI FL 33131-1897~~
10. Name and Address of New Registered Agent
81. Name: **Steven A. Schultz**
82. Street Address (P.O. Box Number is Not Acceptable): **200 S. Biscayne Blvd. Suite 3150**
83. City: **Miami, Florida** FL 85. **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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VSTD	<input type="checkbox"/> DELETE	1.1 TITLE: VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SCHULTZ, STEVEN A		1.2 NAME: Steven A. Schultz	
STREET ADDRESS: ONE BISCAYNE TOWER 2 S. BISCAYNE BLVD.		1.3 STREET ADDRESS: 200 S. Biscayne Blvd., Ste 3150	
CITY-ST-ZIP: MIAMI FL		1.4 CITY-ST-ZIP: Miami, Florida 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SCARLETT, FARIA		2.2 NAME:	
STREET ADDRESS: 3163 INVERNESS		2.3 STREET ADDRESS:	
CITY-ST-ZIP: FT LAUDERDALE FL		2.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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 or person empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or as an attachment with an address.

SIGNATURE: *Steven Schultz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **STEVEN SCHULTZ**
Date: **4/16/96** (305) 377-1572

CR2E034 (12/95)