FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State PORATIONS

DOCUM

1. Corporation N

999		DIVISION OF COR			
ENT#	P94000086	342			
EST CORP.					

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90090 007 ***150.00

CORREA	WEST CORP.								
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		44 77 411					# ## #################################		
'	Principal Place of Business Mailing Address			i					
	S BISCAYNE BLVD 200 S BISCAYNE BLVD								
STE 3 150 - Miami Fl 33131	STE 31 30 11 MIAMI FL 33131			DO NOT WRITE IN THIS SPACE					
US	•	US			3. Date incorporated or Qualifed				
						11/29/1994			
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number	ļ		olied For
21		26			65-0537042			Applicable	
Suite Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	s Desired			
22 24 (
City & State	e '- :		-			6; Election Campaign Financing Trust Fund Contribution	1 1	o.uu kaded t	
23 Zip	Country	28	Countr	v		8. This corporation owes the curre			1 000
24	25	29 30	٦ .	,		Personal Property Tax.	int year mangible		□No
	9. Name and Address of Current		<u>'</u>			10. Name and Address of New R	egistered Agen	<u> </u>	
			8	Name					
SCHULTZ, STEVEN A		82	Street	Address (P.O. Box Number is Not Acceptable)					
200	S BISCAYNE BLVD		"	0.1000	Addica				
1	3150		83	3	24)	15			}
MIAN	VII FL 33131		84		2 7	10	85	Zip C	ode
							FL	i .	J
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statutes,	the above	ve-named	corpor	ation submits this statement for the part of directors. I hereby accept	ourpose of chang t the appointmen	ging its it as red	registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	Statute	S.	Orallon	5 board of difference 1 florowy decept	ти претипо		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE	•								
	Signature, typed or printed name of registered agent			ent signature r	required v	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	ECTO	PS IN 12
12.	OFFICERS ANI	DELETE	13.		т—-	ADDITIONS/CHANGES TO OFF		hange	Addition
TITLE	VSTD		1.2 NAME]	•		•	_
NAME STREET ADDRESS	SCHULTZ, STEVEN A 200 S BISCAYNE BLVD, STE 34	EQ-		ET ADDRESS	-	ite2410			1
STREET ADDRESS	MIAMI FL	130	1.4 CITY-		••	41,05410			-
CITY-ST-ZIP	P	☐ DELETE	2.1 TITLE				M C	hange	Addition
NAME	BALBI, FIORELLA	_	2,2 NAME						
STREET ADDRESS	19163 INVERNESS		2.3 STRE	ET ADDRESS	$ \mathscr{X} $	185 Wealworth			
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-	ST-ZIP	#.	185 Wentworth Lauderdale, FL	33332		
TITLE		☐ DELETE	3.1 TITLE					hange	Addition
NAME			3.2 NAME						
STREET ADDRESS	Æ,		3.3 STREE	ET ADORESS]				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	<u> </u>				
TITLE	.*	☐ DELETE	4.1 TITLE					hange	Addition
NAME.	î		4.2 NAM	•	}				}
STREET ADDRESS	<u>.</u>		4.3 STRE	ET ADDRESS	ĺ				Ì
CITY-ST-ZIP			4.4 CITY-		<u> </u>		·———	·	- Kalabara
TITLE		☐ DELETE	5.1 TITLE		-		П	hange	Addition \
NAME			5.2 NAME				•		
STREET ADDRESS	· .		i .	ET ADDRESS	1				
CITY-ST-ZIP		FIRE	5.4 CITY- 6 1 TITLE		 			hange	Addition
TITLE	†	☐ DELETE	6.2 NAME				П	a lange	□ vontout
NAME]				}
STREET ADDRESS			0.3 STRE	ET ADDRESS	ì				1

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 adachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)_