

**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 # **P94000090228 (5)**

1. Corporation Name  
**CHRISTWEST CORP.**



Principal Place of Business: ~~1 BISCAYNE TWR. 2 SO. BISCAYNE BLVD. #3400 MIAMI FL 33131-1897~~  
Mailing Address: ~~1 BISCAYNE TWR. 2 SO. BISCAYNE BLVD. #3400 MIAMI FL 33131-1897~~

3. Date Incorporated or Qualified: **12/12/1994**  
3a. Date of Last Report: **05/24/1995**  
4. FEI Number: **65-0543211**  
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

2. Principal Place of Business: **21 200 S. Biscayne Blvd.**  
Suite, Apt. #, etc.: **22 Suite 3150**  
City & State: **23 Miami, Florida**  
Zip: **24 33131** Country: **25 USA**  
2a. Mailing Address: **26 200 S. Biscayne Blvd.**  
Suite, Apt. #, etc.: **27 Suite 3150**  
City & State: **28 Miami, Florida**  
Zip: **29 33131** Country: **30 USA**

9. Name and Address of Current Registered Agent  
**SCHULTZ, STEVEN A  
1 BISCAYNE TWR. 2 SO. BISCAYNE BLVD. #3400  
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.**  
**83 suite 3150**  
**84 City Miami, Florida FL 85 Zip Code 33131**

11. Pursuant to the provisions of Sections 607.0902 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 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	SCHULTZ, STEVEN A	
STREET ADDRESS	1 BISCAYNE TWR. 2 SO. BISCAYNE BLVD. #3400	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CASTELLS, VOLETA	
STREET ADDRESS	3163 INVERNESS	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Steven A. Schultz	
3. STREET ADDRESS	200 S. Biscayne Blvd., Ste 3150	
4. CITY-ST-ZIP	Miami, Floirda 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Steven A. Schultz* Vice Pres. 7/16/96 (305) 377-1572  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **STEVEN A. SCHULTZ**

CR2E034 (12/95)