


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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # **P95000045114 (2)**
 1. Corporation Name
WEST DADE INVESTMENT GROUP, INC.

Principal Place of Business Mailing Address
% AMADA LOPEZ-CANTERA, P.A.
1040 S.W. 1ST STREET
MIAMI FL 33131

3. Date Incorporated or Qualified **06/12/1995** 3a. Date of Last Report
 4. FEI Number **65-0660004** 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 2a. Mailing Address
 21 **2300 CORAL WAY** 26 **2300 CORAL WAY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 **MIAMI FLORIDA** 28 **MIAMI FLORIDA**
 Zip Country Zip Country
 24 **33145** 25 **US** 29 **33145** 30 **US**

9. Name and Address of Current Registered Agent
MARTIN, PEDRO A ESQ.
% GREENBERG, TRAUIG, HOFFMAN, ET AL
1221 BRICKELL AVENUE
MIAMI FL 33131

10. Name and Address of New Registered Agent
 81 Name **FLORIDA ANNUAL REPORT SERVICES INC.**
 82 Street Address (P.O. Box Number is Not Acceptable) **2300 CORAL WAY SUITE # 200**
 83
 84 City **MIAMI** FL 85 Zip Code **33145**

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  **AMADA CANTERA LOPEZ, PRES.** DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	LOPEZ-CANTERA, CARLOS C
STREET ADDRESS	7401 WEST 7TH STREET
CITY-ST-ZIP	MIAMI FL 33126
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP. D. LOPEZ-AGUIAR CARLOS C.
2.3 STREET ADDRESS	2300 CORAL WAY SUITE # 200
2.4 CITY-ST-ZIP	MIAMI FLORIDA 33145
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	000001605070
4.3 STREET ADDRESS	-05/02/96--01096--014
4.4 CITY-ST-ZIP	****200.00 ****200.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or as an attachment with an address.

SIGNATURE  **AMADA CANTERA LOPEZ, PRES.** DATE **4/30/96** Daytime Phone #

CR2E034 (12/95)