

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

APPROVED
AND
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98 APR 24 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000045114 (2)
1. Corporation Name
WEST DADE INVESTMENT GROUP, INC.



Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI FL 33145	Mailing Address 2300 CORAL WAY SUITE 200 MIAMI FL 33145
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2300 CORAL WAY Suite, Apt. #, etc. 22 SUITE # 200 City & State 23 MIAMI FLORIDA Zip 24 33145	2a. Mailing Address 26 2300 CORAL WAY Suite, Apt. #, etc. 27 SUITE # 200 City & State 28 MIAMI FLORIDA Zip 29 33145	3. Date Incorporated or Qualified 06/12/1995	4. FEI Number 65-0660004 Applied For <input type="checkbox"/> Not Applicable
25 Country US	30 Country US	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES INC. 2300 CORAL WAY MIAMI FL 33145	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 607.012 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* **AMADA CANTERA LOPEZ - PRES.** DATE _____
Signature typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD LOPEZ-CANTERA, CARLOS C	1.2 NAME	800002502938--2
STREET ADDRESS	7401 WEST 7TH STREET	1.3 STREET ADDRESS	-04/28/98--01067--007
CITY-ST-ZIP	MIAMI FL 33128	1.4 CITY-ST-ZIP	*****26.25 *****26.25
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S CARTAYA, LIDIA	2.2 NAME	S/ CARTAYA LIDIA
STREET ADDRESS	2300 CORAL WAY SUITE 200	2.3 STREET ADDRESS	1717 N. BAYSHORE DRIVE, SUITE # 114
CITY-ST-ZIP	MIAMI FL 33128	2.4 CITY-ST-ZIP	MIAMI FLORIDA 33132
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD LOPEZ-CANTERA, AMADA	3.2 NAME	800002502938--2
STREET ADDRESS	2300 CORAL WAY SUITE 200	3.3 STREET ADDRESS	-04/28/98--01067--008
CITY-ST-ZIP	MIAMI FL 33145	3.4 CITY-ST-ZIP	*****150.00 *****150.00
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GRETE, BUCKREUS	4.2 NAME	D/GRETIE BUCKREUS
STREET ADDRESS	2300 CORAL WAY SUITE 200	4.3 STREET ADDRESS	1717 N. BAYSHORE DRIVE, SUITE # 114
CITY-ST-ZIP	MIAMI FL 33145	4.4 CITY-ST-ZIP	MIAMI FLORIDA 33132
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 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 attachment with an address.

SIGNATURE *Amada Cantera Lopez* **4/21/98**

CR2E034 (10/97)