

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000079362 (6)

1. Corporation Name

WEST HILL INDUSTRIAL CORP.

Principal Place of Business
999 PONCE DE LEON BLVD.
SUITE 720
CORAL GABLES FL 33134

Mailing Address
999 PONCE DE LEON BLVD.
SUITE 720
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/16/1995	
21		26		4. FEI Number 65-0643137	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CARRERAS, RAUL JR 999 PONCE DE LEON BLVD. SUITE 720 CORAL GABLES FL 33134				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSTAMANTE, ALBERTO I		1.2 NAME	
STREET ADDRESS	201 SEVILLA AVE. SUITE 302		1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSTAMANTE, ALBERTO C		2.2 NAME	
STREET ADDRESS	201 SEVILLA AVE. SUITE 302		2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSTAMANTE, ANA L		3.2 NAME	
STREET ADDRESS	201 SEVILLA AVE. SUITE 302		3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4 CITY-ST-ZIP	
TITLE	TAS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSTAMANTE DE LOPEZ, MARIA A		4.2 NAME	
STREET ADDRESS	201 SEVILLA AVE. SUITE 302		4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134		4.4 CITY-ST-ZIP	
TITLE	AT	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSTAMANTE, GLADYS M		5.2 NAME	
STREET ADDRESS	201 SEVILLA AVE. SUITE 302		5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134		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 registered agent 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 manager, or on an attachment with an address.

SIGNATURE:

ALBERTO BUSTAMANTE I.
President

Feb. 26, 1998

(305) 448-8811

CR2E034 (10/97)