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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

TITLE

NAME STREET ADDRESS

CITY-S1-ZIP

tiam an officer or direct appears in Block



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000036224 (9)

WESTERN ESTATES AFFORDABLE HOUSING, INC.

645 NW 62ND STREET STE 300 845 NW 62ND STREET STE 300 MIAMI FL 33150 MIAMI FL 33150-4329 3. Date Incorporated or Qualified 3a. Date of Last Report 04/25/1996 2. Principal Place of Business 2a. Mailing Address Applied For 65-0662292 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WOLFE, LEON J 100 SOUTHEAST SECOND STREET 35TH FLOOR Street Address (P.O. Box Number is Not Acceptable) INTERNATIONAL PLACE 83 MIAMI FL 33131-2130 64 City 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 Apped or printed name of registored agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. DELETE 11 TITLE Change Addition TITLE SIMMONS, LORENZO NAME 1.2 NAME 645 NW 62ND STREET STE 300 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33150 1.4 CITY-ST-ZIP CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 31 TITLE 32 NAME NAME STREET ADDRESS 33 STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST - ZIP ☐ DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-\$1-ZIP DELETE Change Addition TITLE 5.1 TOTLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY - ST - ZIP 5.4 CITY-ST-ZIP

DEL ETE

6.1 TITLE

6.2 NAME

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes I further certify that the information indicated on spinning ind

6.3 STREET ADDRESS

instrumed respond or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that only corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Zorenzo Simmons, Pres.

1/6/97

6.4 City-ST-ZIP

FILED Jan 24 1997 8:00am Secretary of State



Change

Addition