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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600073845 (5)

WEST DADE DEVELOPMENT, CORP.

FILED Mar 05 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | | s samman ma imma mirit dann datte gater getill indde till fall ditte bill ind |
|---|---|---------------------|----------------------|---|--|--|
| 11740 S.W. 119TH TERR. 11740 S.W. 119TH TERR. | | | | | | |
| MIAMI FL 33186 MIAMI FL 33186 | | | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | 3. Date Incorporated or Qualified |
| | | | | | | 09/05/1996 |
| 2. Principal P | Place of Business | 2a. Mailing Address | | | | 4. FEI Number Applied For |
| 21 | | 26 | | | | 65-0698341 Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additional |
| 22 City 9 Ctot | | 27 | | | | Fee Required |
| City & State | | City & State | | | 6. Election Campaign Financing \$5.00 May Be | |
| Zip Country | | Zip Country | | | Trust Fund Contribution Added to Fees | |
| 24 | 25 | | | ill y | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. |
| | 9. Name and Address of Currer | | [30] | | | 10. Name and Address of New Registered Agent |
| 90 | UTO, LISSETTE B | | | 81 | Name | To the state of th |
| 11740 S.W. 119TH TERR. | | | | 000000000000000000000000000000000000000 | | |
| MIAMI FL 33186 | | 82 Stre | | Street Add | Iress (P.O. Box Number is Not Acceptable) | |
| miratii 1 E 55 too | | | r | В3 | | |
| • | | | | | | |
| | | | ľ | 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 | | | | | | |
| 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 repistered agent and title if applicable (NOTE: Regist | | | | Agen | t signature requi | ired when reinstating) DATE |
| 12. | OFFICERS AN | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | OUTO LICCETTE D | ☐ DELETE | 1.1 TITLE | | | ☐ Change ☐ Addition |
| NAME OTOSST ADDRESS | SOUTO, LISSETTE B 11740 S.W. 119TH TERR. | | 1.2 NAME | | | |
| STREET ADDRESS | MIAMI FL 33186 | | 1.3 STREET | | · | |
| CITY-ST-ZIP TITLE | MIAMI PE 33100 | DELET E | | 1.4 CITY-ST-ZIP 2.1 TITLE | | |
| NAME | | DEELIE | 2.1 TILE 2.2 NAME | | | ☐ Change ☐ Addition |
| STREET ADDRESS | | | | | DODERC | |
| CITY-ST-ZIP | | | 2.3 STREET ADDRES | | i | |
| TITLE | | DELETE | LETE 3.1 TITLE | | -ZIP | Change Addition |
| NAME | | | 3.2 NAM | | | C Onlings C Addition . |
| STREET ADDRESS | | | | | DDRESS | |
| CITY-ST-ZIP | | | 3.4. CHTY-ST-ZIP | | | |
| TITLE | | DELETE | 4.1 TITL | | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAI | ΜE | i | |
| STREET ADDRESS | | | | | DDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY | | ! | |
| TITLE | | DELETE | 5.1 TITL | | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAM | AE | | |
| STREET ADDRESS | | | 5.3 STR | EET AL | DDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY | /-ST- | ZIP | |
| TITLE | | DELETE | 6.1 TITL | | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAW | 4E | | |
| STREET ADDRESS | | | 6.3 STRI | EET AC | DORESS | |
| 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 suppliemental 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 of 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, of or an attachment with an address.

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