

5-12-97 B-6999C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

DOCUMENT # P96000091825 (5)

1. Corporation Name  
PORTWEST, INC.

Principal Place of Business

708 N.E. 2ND STREET  
HALLANDALE FL 33009

Mailing Address

708 N.E. 2ND STREET  
HALLANDALE FL 33009-3561



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/08/1996	3a. Date of Last Report
21 708NE 2ND Street	26 Suite, Apt. #, etc.	27 12th St	28 City & State HALLANDALE, FL	4. FEI Number EIN: 65-0712800	Applied For Not Applicable
22 City & State HALLANDALE, FL	23 Zip 33009	24 Country	25	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LEWEST, JEAN LUC 708 N.E. 2ND STREET HALLANDALE FL 33009				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	NAME	1.1 TITLE	1.2 NAME
NAME	708 N.E. 2ND STREET	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
STREET ADDRESS	HALLANDALE FL 33009	2.1 TITLE	2.2 NAME
CITY-ST-ZIP		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	P (President)	3.1 TITLE	3.2 NAME
NAME	ORTE, JEAN-FRANCOIS	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS	240, RUE DE CHARENTON	4.1 TITLE	4.2 NAME
CITY-ST-ZIP	PARIS-FRANCE-75012	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE		5.1 TITLE	5.2 NAME
NAME		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS		6.1 TITLE	6.2 NAME
CITY-ST-ZIP		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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:

LE WEST JEAN LUC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/15/97

Daytime Phone #

0113005

CR2E034 (9/96)