

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Hargis  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000097246

1. Corporation Name

C W S CAPITAL MANAGEMENT VI, INC.

Principal Place of Business

150 S.E. 2ND AVENUE  
SUITE 300  
MIAMI FL 33131

Mailing Address

150 S.E. 2ND AVENUE  
SUITE 300  
MIAMI FL 33131

FILED  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90010 006 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1996

4. FEI Number

65-0712096

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER, RONALD G  
4675 PONCE DE LEON BLVD  
SUITE 301  
CORAL GABLES FL 33146

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 D DELETE  
NAME COX, DAVID F JR  
STREET ADDRESS 5900 RIVIERA DRIVE  
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE D DELETE  
NAME WINTON, JOHNNY L  
STREET ADDRESS 150 S.E. 2ND AVENUE  
CITY-ST-ZIP MIAMI FL 33131

TITLE D DELETE  
NAME SCHRAGE, JOSEPH B  
STREET ADDRESS 4901 N.W. 17TH WAY  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE Change Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 a 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 a separate filing with the Secretary of State, in all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99 305-373-2564  
Date Daytime Phone #

CR2E034 (11/98)

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