

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Annual Report
1999-2000
UBR

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

DOCUMENT # P98000022027

1. Corporation Name
WESTWARD EXPANSION, INC.

Principal Place of Business Mailing Address
2100 SALZEDO AVENUE
CORAL GABLES, FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
2100 SALZEDO STREET
 Suite, Apt. #, etc.
SUITE 300
 City & State
CORAL GABLES, FL
 Zip Country
33134 Miami-Dade

3. New Mailing Office Address, If Applicable
2100 SALZEDO STREET
 Suite, Apt. #, etc.
SUITE 300
 City & State
CORAL GABLES, FL
 Zip Country
33134 Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida
03/09/1998

5. FEI Number
65-0817646

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	CARLOS ARAZOZA	2100 SALZEDO STREET SUITE 300	CORAL GABLES, FL 33134
P	CARLOS F. ARAZOZA	2100 SALZEDO STREET SUITE 300	CORAL GABLES, FL 33134
VP	ADELAIDA FERNANDEZ-FRAGA	2100 SALZEDO STREET SUITE 300	CORAL GABLES, FL 33134
S	JOSE MARTINEZ	2100 SALZEDO STREET SUITE 300	CORAL GABLES, FL 33134
T	MARIA CHACON	2100 SALZEDO STREET SUITE 300	CORAL GABLES, FL 33134
300003491238 -12/08/00--01012--015 ****300.00 ****300.00			

8. Name and Address of Current Registered Agent
ARAZOZA COMAS DE TORRES & FERNANDEZ FRAGA
2100 SALZEDO AVENUE
CORAL GABLES, FL 33134

9. Name and Address of New Registered Agent
 Name
ARAZOZA & FERNANDEZ-FRAGA, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
2100 SALZEDO STREET
 Suite, Apt. #, Etc.
SUITE 300
 City
CORAL GABLES State Zip Code
FL 33134

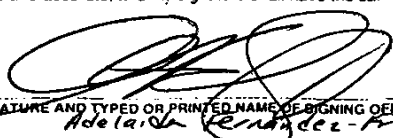
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  Date **November 13, 2000**

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  Nov. 13, 2000. (305) 444-6226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Adela Fernandez-Fraga

WESTWARD EXPANSION, INC.
DOC.#P98000022027

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A
CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY
UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER
RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN
ITS CURRENT STATUS. THANK IN ADVANCE FOR YOUR PROMPT
ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION
REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW
ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY,


ADELAIDA FERNANDEZ-FRAGA
PRESIDENT