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

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Mar 22, 1999 8:00 am
Secretary of State
03-22-1999 90018 032 ***150.00

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DOCUMENT # P98000048762

1. Corporation Name

WEST LAKES PROPERTIES REALTY, INC.

Principal Place of Business	Mailing Address
15770 S.W. 42ND TERRACE MIAMI FL 33185	15770 S.W. 42ND TERRACE MIAMI FL 33185

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
06/01/1998

4. FEI Number **65·0840189**   Applied For   Not Applicable

5. Certifcate 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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

LANDRIAN, LUIS O
15770 S.W. 42ND TERRACE
MIAMI FL 33185

10. Name and Address of New Registered Agent

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

CR2E034 (1·1/98)

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LANDRIAN, LUIS O		1.2 NAME		
STREET ADDRESS	15770 S.W. 42ND TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33185		1.4 CITY-ST-ZIP		
TITLE	VSTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LANDRIAN, YVONNE		2.2 NAME		
STREET ADDRESS	15770 S.W. 42ND TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33185		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
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 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 with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/22/99   Daytime Phone # 305-825-4217