FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -2 PM 3:12
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S70437 (6)

1. Corporation Name
WEST MIAMI APARTMENTS INC.

Principal Place of Business	Mailing Address
7145 SW 8 ST MIAMI FL 33144	7145 SW 8 ST MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1991
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26: 13155 SW 132 AVE
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28: Miami, Fl
Zip — 24 / Country — 25
Zip — 29: 33186 / Country — 30

4. FEI Number: 65-0285345 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KUKER, HOWARD L.
9200 S. DADELAND BLVD.
SUITE 508
MIAMI FL 33156

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☑ Change ☐ Addition
NAME	MARTINO, ANSELME	12 NAME		
STREET ADDRESS	7145 S.W. 8TH ST	13 STREET ADDRESS	13155 SW 132 Ave	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, Fl 33186	
TITLE	D	21 TITLE		☑ Change ☐ Addition
NAME	MARTINO, SALOMON	22 NAME		
STREET ADDRESS	7145 S.W. 8TH ST	23 STREET ADDRESS	13155 SW 132 Ave	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami, Fl 33186	
TITLE	D	31 TITLE		☑ Change ☐ Addition
NAME	MARTINO, EDWARD E.	32 NAME		
STREET ADDRESS	7145 S.W. 8TH ST	33 STREET ADDRESS	13155 SW 132 Ave	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Miami, Fl 33186	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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 11 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: S. Martino — 305-255-0855
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0186160 CP