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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **S70441 (8)**

1. Corporation Name
WEST BIRD PROPERTY 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**

4. FEI Number **65-0285334** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 **13155 SW 132 Ave.**

22 City & State 27 **Miami, FL**

23 Zip 28 **33186** Country 29 **FL** 30

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 re-registering)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARTINO, ANSELME
STREET ADDRESS	7145 S.W. 8TH ST
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	MARTINO, SALOMON
STREET ADDRESS	7145 S.W. 8TH ST
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	MARTINO, EDWARD E.
STREET ADDRESS	7145 S.W. 8TH ST
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	13155 SW 132 Ave
1.4 CITY - ST - ZIP	Miami, FL 33186
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	13155 SW 132 Ave
2.4 CITY - ST - ZIP	Miami, FL 33186
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	13155 SW 132 Ave
3.4 CITY - ST - ZIP	Miami, FL 33186
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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)(b), 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 liquidator 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: S. Morton DATE: 305-255-0855
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR