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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation Name



FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90058 032 ***150.00

WESTEND APARTMENTS CORPORATION

Principal Place of Business Mailing Address						-{	II BIBII BIBIX BIBI	
1657 WEST 39TH PLACE		1657 WEST 39TH PLACE			W L			
HIALEAH FL 33012-7014		HIALEAH FL 33012-7014			DO NOT WRITE IN THE COLOR			
US		US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						03/10/1992		1
2 Principal Pl	lace of Business	2a. Mailing Address	_			4. FEI Number		Applied For
21 21	iace of business	26				65-0334680	⊢ +	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					. ¢0.75	Additional
22	.,	27				5. Certificate of Status Desired	- Fee F	Required
City & State	e	City & State				6. Election Campaign Financing	\$5.0	🕽 Мау Ве
23		28				Trust Fund Contribution	Added	to Fees
Zip	CountryZip(Count	Country		8. This corporation owes the current year		_
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent		B1	h1	10. Name and Address of New Registers	d Agent	
RIDN	IRALIM MADO		ľ	וים	Name			
BIRNBAUM, MARC 11077 BISCAYNE BLVD.			82 Street Ad		Street Addre	ss (P.O. Box Number is Not Acceptable)		
SUITE 301				83	,			
*	/II FL 33161		ľ	93				
***************************************			8	B4 (City	F	85 Zip	Code
	607.05	00	the abo		namad sama	_		ts registered
office or re	egistered agent, or both, in the State	e of Florida. Such change was a	uthorized t	by the	named corpor e corporation	ration submits this statement for the purpose i's board of directors. I hereby accept the app	pointment as	registered
agent. I ar	m familiar with, and accept the obliga-	ations of, Section 607.0505, Flo	rida Statut	es.				1
SIGNATURE	Signature, typed or printed name of registered age							
			Constant de					
			: Registered A	gent si	agnature required		AND DIRECT	ORS IN 12
12.	OFFICERS A	ent and title if applicable. (NOTE ND DIRECTORS DELETE	13.		egnature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	
12. TITLE	OFFICERS A	ND DIRECTORS	13.	E	agnature required			
12. TITLE NAME	OFFICERS AI D GLUCK, MAURICIO	ND DIRECTORS	13. 1.1 TITLE 1.2 NAM	E IE				
12. TITLE NAME STREET ADDRESS	OFFICERS AT D GLUCK, MAURICIO 1630 WEST 38TH PLACE	ND DIRECTORS	13. 1.1 TITLE 1.2 NAM 1.3 STRE	E IE EET AC	DDRESS			
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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.

SECTION STATES THE PROPERTY OF SIGNING OFFICER OR DIRECTOR