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FILED
Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # V44875 (5)
 1. Corporation Name
SCIENTIFIC WEST, INC.



Principal Place of Business
**5854 MIAMI LAKES DRIVE. E.
 MIAMI LAKES FL 33014
 US**

Mailing Address
**5854 MIAMI LAKES DRIVE. E.
 MIAMI LAKES FL 33014-2402
 US**

3. Date Incorporated or Qualified
06/19/1992

3a. Date of Last Report
03/27/1996

4. FEI Number
65-0340898

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.

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent
**GORFINKEL, NESTOR B.
 2124 NE 123RD ST #209
 NORTH MIAMI FL 33181**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD DICKSTEIN, VICTOR**

STREET ADDRESS **5854 MIAMI LAKES DRIVE, E. MIAMI LAKES FL**

CITY-ST-ZIP

TITLE DELETE

NAME **VD DICKSTEIN, GABRIEL**

STREET ADDRESS **5854 MIAMI LAKES DRIVE, E. MIAMI LAKES FL**

CITY-ST-ZIP

TITLE DELETE

NAME **SD DICKSTEIN, ANDREA**

STREET ADDRESS **5854 MIAMI LAKES DRIVE, E. MIAMI LAKES FL**

CITY-ST-ZIP

TITLE DELETE

NAME **TD DICKSTEIN, ROSA**

STREET ADDRESS **5854 MIAMI LAKES DRIVE, E. MIAMI LAKES FL**

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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.

SIGNATURE: *Sandra Mortham* **DUPLICATED** 4/7/97 (305) 557-3723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)