

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION *
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra J. Myrland
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000519 (7)

1. Corporation Name
9900 WEST CORPORATION, INC.



Principal Place of Business: **9900 WEST BAY HARBOR DRIVE BAY HARBOR ISLAND FL 33154**
Mailing Address: **9900 WEST BAY HARBOR DRIVE BAY HARBOR ISLAND FL 33154**

3. Date Incorporated or Qualified: **02/02/1995** 3a. Date of Last Report

4. FEI Number 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 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**SANTANA, FRANCIS X
9900 WEST BAY HARBOR DRIVE
BAY HARBOR ISLAND FL 33154**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
28 WEST FLAGLER STREET

83 **SUITE 500**

84 City **MIAMI** FL 85 Zip Code **33130**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LASKY, DAVID	
STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 1	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	TORRADO, RENE	
STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 3	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARDINALE-SANTANA, CAROL	
STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 5	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOURNIER, ANDRE' R	
STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 2	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAYMAN, BERNARD	
STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 4	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANTANA, FRANCIS X	
STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 5	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN _____

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOSEPH A. ORR, JR.	
1.3 STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 6	
1.4 CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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	900001855279	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-06/07/96--01022--036	
5.3 STREET ADDRESS	***61.25	
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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Lasky* **DAVID LASKY/PRESIDENT** Date: **1/29/96** Daytime Phone #: **305-864-8866**

CR2E037 (12/95)