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Jan 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000000519 (7)

1. Corporation Name

9900 WEST CORPORATION, INC.



Principal Place of Business

Mailing Address

9900 WEST BAY HARBOR DRIVE
BAY HARBOR ISLAND FL 33154

9900 WEST BAY HARBOR DRIVE
BAY HARBOR ISLAND FL 33154-1543

3. Date Incorporated or Qualified
02/02/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

APPLIED FOR 65-0666676

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

10. Name and Address of New Registered Agent

SANTANA, FRANCIS X
28 WEST FLAGLER ST.
SUITE 500
MIAMI FL 33130

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 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LASKY, DAVID
STREET ADDRESS 9900 WEST BAY HARBOR DRIVE APT 1
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D ORR JOSEPH
9900 WEST BAY HARBOR DRIVE APT 6
BAY HARBOR ISLAND, FL 33154

TITLE VTD
NAME TORRADO, RENE
STREET ADDRESS 9900 WEST BAY HARBOR DRIVE APT 3
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME CARDINALE-SANTANA, CAROL
STREET ADDRESS 9900 WEST BAY HARBOR DRIVE APT 5
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME FOURNIER, ANDRE' R
STREET ADDRESS 9900 WEST BAY HARBOR DRIVE APT 2
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME KAYMAN, BERNARD
STREET ADDRESS 9900 WEST BAY HARBOR DRIVE APT 4
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME SANTANA, FRANCIS X
STREET ADDRESS 9900 WEST BAY HARBOR DRIVE APT 5
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

6.1 TITLE
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 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 (1/19/97)
DAVID LASKY REGISTERED NAME OF SIGNING OFFICER OR DIRECTOR

305-864-8866

Date

Daytime Phone # 0031022

CR2E037 (9/96)