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**Jan 22 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 02/02/1995		
4. FEI Number 65-0666676	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

9. Name and Address of Current Registered Agent

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

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	ORR, JOSEPH
STREET ADDRESS	9900 W BAYHARBOR DR., APT 6
CITY-ST-ZIP	BAY HARBOR ISLAND FL
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 12

1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVID LASKY
1.3 STREET ADDRESS	9900 WEST BAY HARBOR DR #1
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	<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 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 **DAVID LASKY - PRESIDENT 305-864-0866**

CR2E037 (10/97)