

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 555482 (9)

1. Corporation Name

WESTGATE, INC.



Principal Place of Business

Mailing Address

3201 NW 24TH ST RD
C/O MONOCANDILOS, JORDAN
MIAMI FL 33142

3201 NW 24TH ST RD
C/O MONOCANDILOS, JORDAN
MIAMI FL 33142

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

3. Date Incorporated or Qualified

12/09/1977

3a. Date of Last Report

04/28/1995

4. F.E.I. Number

59-1863702

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

10. Name and Address of New Registered Agent

MONOCANDILOS, JORDAN
3201 NW 24TH ST RD
MIAMI FL 33142

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 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

Signature typed or printed in block letters, in full, in the space below.

(NOTE: Registered Agent signature required with this filing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MONOCANDILOS, THEODORA
STREET ADDRESS 3201 NW 24TH ST RD
CITY-STATE-ZIP MIAMI FL ☐ DELETE

TITLE VD
NAME MONOCANDILOS, JORDAN
STREET ADDRESS 3201 NW 24TH ST RD
CITY-STATE-ZIP MIAMI FL ☐ DELETE

TITLE S
NAME DIAZ, LILIA A.
STREET ADDRESS 3201 NW 24TH ST RD
CITY-STATE-ZIP MIAMI FL ☐ DELETE

TITLE T
NAME ISERN, JORGE E.
STREET ADDRESS 8230 S.W. 43RD TERRACE
CITY-STATE-ZIP MIAMI FL ☐ DELETE

TITLE VP
NAME LAMBRACOPOULOS, JOHN
STREET ADDRESS 3201 NW 24TH ST RD
CITY-STATE-ZIP MIAMI FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE E. ISERN, Treas.

APR 30 1996

305-637-8963

CR2E034 (12/95)