

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90194 027 \*\*\*150.00

021112

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 555482**

1. Corporation Name  
**WESTGATE, INC.**

Principal Place of Business  
 3201 NW 24TH ST RD  
 C/O MONOCANDILOS, JORDAN  
 MIAMI FL 33142

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/09/1977**

4. FEI 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 owes the current year Intangible Personal Property Tax.  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

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 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  DELETE  
 NAME PD  
 STREET ADDRESS MONODANDILOS, THEODORA  
 CITY-ST-ZIP 3201 NW 24TH ST RD  
 MIAMI FL

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

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

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

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

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

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

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

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

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jorge Isern*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 28 1999 (305) 637-8963  
 Date Daytime Phone #

CR2E034 (1/98)