| AN  | NNUAL REPORT S   |   | FLORIDA DEPAR  | TMEN1 OF STATE<br>. Mortham<br>y of State  |   |  |   |  |
|---|--|---|--|--|---|--|---|--|
| 1. Corpora  | UMENT # Lation Name WESTMENTS, INC.  |   | (8)  |  |   |  |   |  |
| Principal Place of Business<br>2183 N. STATE ROAD 7<br>MARGATE FL 33063   |  | Mailing Address<br>2183 N. STATE ROAD<br>MARGATE FL 33063   |  |  | DO NOT WRIT   | IE IN THIS SPACE.  | THIS SPACE.   |  |
| 0 5 -   |  |   |  |  | 3. Date Incorporated or Qualified 05/08/1990  | 3a. Date of Last Rep   | oort  |  |
| 2. Principal  | Place of Business  | 2a. Mai<br>26   | ling Address   |  | 4. FLI Number   | 05/16/1994   | oplied For  |  |
| Suite, Ap   | t. #, etc.   | Suit  | e, Apt. #, etc.  | · <del></del>  | 65-0189570  | No   | ot Applicat   |  |
| City & Sta  | ate  | 27  | & State  |  | 5. Certificate of Status Desired  | [] \$8.75 A  |   |  |
| Zip   |  | 28  | a otale  |  | Election Campaign Financing     Trust Fund Contribution                                 | \$5.00   | Мау Ве  |  |
| 4   | Country  | 29  | 30   | Country  | 8. This corporation has liability for   | intangible tax under S. 19   | o Fees<br>99.032.   |  |
|   | 9. Name and Addre  | ss of Current Registered  | Agent  |  | Florida Statutes Yes 10. Name and Address of New F                                      | i I No   | ·,  |  |
| SALAS,  | LUIS   |   |  | 81 Name  |   |  | <del></del>   |  |
| 22860 Y   | VINDSOR WD, CT<br>IATON FL 33311   |   |  | 82 Street Add  | dress (P.O. Box Number is Not Acceptat  | nle)   | <del></del>   |  |
| DOOM I  | MION FL 33311  |   |  | 83   |   |  |   |  |
|   |  |   |  |  |   |  |   |  |
|   |  |   |  | 84 City  |   | 85 Zip Ci  | ode   |  |
| Pursuant<br>or register   | to the provisions of Sections of Sections agent, or both, in the s   | ns 607.0502 and 607.1508<br>State of Florida, Such chan   | 3, Florida Statutes, th  | ,  | oration submits this statement for the pur  | FL 85 Zip Ci   |   |  |
|   | to the provisions of Section<br>ared agent, or both, in the so<br>with, and accept the obligat   | ns 607.0502 and 607.1508<br>State of Florida. Such chan-<br>ions of, Section 607.0505,              | 3, Florida Statutes, th<br>ge was authorized by<br>Florida Statutes.   | ,  | oration submits this statement for the pur<br>ard of directors. Thereby accept the appe |  |   |  |
| SIGNATURE   | Signature, typed or printed name of  | registered agent and title if applicable  | NOTE: Box  | e above-named corpo<br>the corporation's boa   | , <del></del>   | pose of changing its registered age  |   |  |
| SIGNATURE<br>2.   | Signature, typed or printed name of OF   | ,   | NOTE: Box  | e above named corpo<br>the corporation's boat<br>potent Agent signature reques<br>13.  | , <del></del>   | pose of changing its registion as registered age   | stered offi<br>ent. I am  |  |
| IGNATURE  2.  TLE  MME  | Signature, typed or printed name of OF D SALAS, LUIS   | registered agent and little if applicable<br>FICERS AND DIRECTORS                                   | NOTE: Box  | e above named corpo<br>the corporation's boa   | of when rensistings   | pose of changing its registion as registered age   | stered off<br>ent. I am   |  |
| SIGNATURE  2.  TILE  AME  TREET ADDRESS   | Signature, typed or printed name of OF D SALAS, LUIS 22860 WINDSOR WI  | registered agent and little if applicable<br>FICERS AND DIRECTORS                                   | NOTE: Box  | e above-named corpo<br>the corporation's boar<br>pistured Agent synature require<br>13.  | of when rensistings   | PL Dose of changing its registered against the continuent as registered against the continuent the continuent as registered against the continuent the | stered offi<br>ent. I am  |  |
| SIGNATURE  2. TLE  AME TREET ADDRESS TY-ST-ZIP  | Signature, typod or printed name of OF SALAS, LUIS 22860 WINDSOR WI BOCA RATON FL  | registered agent and little if applicable<br>FICERS AND DIRECTORS                                   | NOTE PA  | e above-named corpo<br>the corporation's boar<br>pistured Agent signature regime<br>13.<br>1.1 TITE<br>12 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP  | of when rensistings   | PL Dose of changing its registered against the continuent as registered against the continuent the continuent as registered against the continuent the | stered offi<br>ent. I am  |  |
| CIGNATURE  2.  TILE  AME  TREET ADDRESS  TY-ST-ZIP  TILE  TILE  | Signature, typod or printed name of OF SALAS, LUIS 22860 WINDSOR WI BOCA RATON FL D SALAS, CLELIA  | registered agent and title if applicable FICERS AND DIRECTORS                                       | . NOTE Pag   | e above named corporation's boat the corporation's boat pictured Agend signature required 13.  1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS  | of when rensistings   | PL Dose of changing its registered against the continuent as registered against the continuent the continuent as registered against the continuent the | stered offi<br>ent. I am<br>IN 12                                   |  |
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