

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 # M76252

1. Corporation Name

WESTBURY SHOPPES CORPORATION

(9)96 NOV 12 PM 3 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
96 NOV 12 PM 3 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

20533 BISCAYNE BLVD.
SUITE 4-N-220
MIAMI FL 33180

20533 BISCAYNE BLVD.
SUITE 4-N-220
MIAMI FL 33180

2. Principal Place of Business

2a. Mailing Address

21 1814 NE MIAMI GARDENS DR.

26 1814 NE MIAMI GARDENS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

100

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33179

Country

DADE

Zip

33179

Country

3. Date Incorporated or Qualified
04/13/1988

3a. Date of Last Report
08/24/1995

4. FEI Number

65-0046812

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

MAYOST, MIRI
20533 BISCAYNE BLVD.
SUITE 4-N-220
MIAMI FL 33180

81 Name

MAYOST, MIRI

82 Street Address (P.O. Box Number is Not Acceptable)

1814 NE MIAMI GARDENS DR. #100

83

84 City

MIAMI

FL

85 Zip Code

33179

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

Miri Mayost

NOTE: Registered Agent signature required when reinstating

DATE

9-10-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPS
MAYOST, MIRI
20533 BISCAYNE BLVD. SUITE 4-N-220
MIAMI FL 33180

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PELEG, ARIELA
20533 BISCAYNE BLVD. SUITE 4-N-220
MIAMI FL 33180

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

REINSTATEMENT 1996

11-18-96

200002006042-0
-11/15/96-01072-015
***225.00 ***225.00

200002006042-0
-11/15/96-01072-015
***150.00 ***150.00

200002006042-0
-11/15/96-01072-015
***8.75 ***8.75

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)(b), 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.

SIGNATURE:

Miri Mayost

SIGNATURE AND TYPES OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

9-10-96

Date

Daytime Phone

CF2E034 (12/95)