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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUL -3 PM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 176252

1. Corporation Name

WESTBURY SHOPPES CORP.

Principal Place of Business

Mailing Address

1814 N.E. MIAMI GARDENS DR. #100

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

MIRI MAYOR

1814 N.E. MIAMI GARDENS DR. #100

MIAMI, FL 33179

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

Miri Mayor

6-26-97

DATE

12.

11. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

11. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

14.

11. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

15.

11. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

16.

11. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information and data on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. If 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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/97

DATE

Daylight Saving Time

CR2E034 (9/96)