

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 13 1997 8:00am  
Secretary of State

DOCUMENT # P93000016512 (4)

1. Corporation Name

WEST BEACH RESTAURANT, INC.



Principal Place of Business

1427 W. AVE.  
MIAMI BCH. FL 33139  
US

Mailing Address

4000 N. MIAMI AVE.  
MIAMI FL 33127-2810  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 48 East Flagler St.

Suite, Apt. #, etc.

27 #4

28 City & State

29 Miami, FL

Zip Country

30 33131 USA

3. Date Incorporated or Qualified

03/03/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0436519

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

OHANIAN, DEBRA  
% MEET ME IN MIAMI, INC..  
4000 N. MIAMI AVENUE  
MIAMI FL 33127

10. Name and Address of New Registered Agent

81 Name

Debra Ohanian

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

48 East Flagler Street #4

83 City

miami

FL

85 Zip Code

33131

11. Pursuant to the provisions of Sections 607.0002 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]*

Signature, typed or printed name of registered agent and to be if applicable

(NOT: Registered Agent signature required when reinstating)

5-1-97

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST ☐ DELETE

NAME OHANIAN, DEBRA  
STREET ADDRESS 1427 W. AVE.  
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☒

Change

☐

Addition

1.2 NAME

Debra Ohanian

1.3 STREET ADDRESS

48 East Flagler St. #4

1.4 CITY-ST-ZIP

miami, FL 33131

2.1 TITLE

☐

Change

☐

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐

Change

☐

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐

Change

☐

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐

Change

☐

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐

Change

☐

Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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)(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.

SIGNATURE

*[Signature]*

5-1-97 (30E) 222-1222

CR2E034 (9/96)