FROM : 00000000000000 PHONE NO. : 0000000000
03/08/98 MON 17:41 FAX 305 374 2855 LAW OFFICE

FILED
Jun 05 1998 8:00am
Secretary of State

FILE NOW: FILING FEE AFTER MAY 1ST IS $650.00

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P95000066354 (8)

1. Corporation Name
WESTBROOK ENTERPRISES, INC.

[redacted]

Principal Place of Business	Mailing Address
1550 MADRUGA AVENUE SUITE #120 CORAL GABLES FL 33146	1550 MADRUGA AVENUE SUITE #120 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/28/1995

2a. Principal Place of Business	2b. Mailing Address
21 501 BRICKELL KEY DRIVE	26 501 BRICKELL KEY DRIVE
Suite, Apt. #, etc. 22 SUITE 400	Suite, Apt. #, etc. 27 SUITE 400
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip / Country 24 33131 / 25 U.S.A.	Zip / Country 29 33131 / 30 U.S.A.

4. FEI Number
[redacted]
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 or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
SLOSBERGAS, NELSON ESQ
501 BRICKELL KEY DRIVE STE 400
MIAMI FL 33131

10. Name and Address of New Registered Agent
31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARAVALHO, JAIME D 18485 SW 50 LANE MIAMI FL 33185 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPST GOMES MENDES MOREIRA, ROSA M 1550 MADRUGA AVENUE CORAL GABLES FL 33146 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MENDES MOREIRA, CRISTIANO 1550 MADRUGA AVENUE CORAL GABLES FL 33146 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MENDES MOREIRA, LUCILIA 1550 MADRUGA AVENUE CORAL GABLES FL 33146 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS O'HARE, RICHARD J 1550 MADRUGA AVENUE CORAL GABLES FL 33146 ☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #