

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90094 043 ***150.00

DOCUMENT # P95000079362

1. Corporation Name

WEST HILL INDUSTRIAL CORP.

Principal Place of Business

999 PONCE DE LEON BLVD.
SUITE 720
CORAL GABLES FL 33134

Mailing Address

999 PONCE DE LEON BLVD.
SUITE 720
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1995

4. FEI Number

65-0643137

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 the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

CARRERAS, RAUL JR
999 PONCE DE LEON BLVD.
SUITE 720
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME BUSTAMANTE, ALBERTO I
STREET ADDRESS 201 SEVILLA AVE. SUITE 302
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VPD
NAME BUSTAMANTE, ALBERTO C
STREET ADDRESS 201 SEVILLA AVE. SUITE 302
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE S
NAME BUSTAMANTE, ANA L
STREET ADDRESS 201 SEVILLA AVE. SUITE 302
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE TAS
NAME BUSTAMANTE DE LOPEZ, MARIA A
STREET ADDRESS 201 SEVILLA AVE. SUITE 302
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE AT
NAME BUSTAMANTE, GLADYS M
STREET ADDRESS 201 SEVILLA AVE. SUITE 302
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 8190 N.W. 66th Street
1.4 CITY-ST-ZIP Miami, FL 33166

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 8190 N.W. 66th Street
2.4 CITY-ST-ZIP Miami, FL 33166

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 8190 N.W. 66th Street
3.4 CITY-ST-ZIP Miami, FL 33166

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 8190 N.W. 66th Street
4.4 CITY-ST-ZIP Miami, FL 33166

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 8190 N.W. 66th Street
5.4 CITY-ST-ZIP Miami, FL 33166

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

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
ALBERTO BUSTAMANTE I.

April 2, 1999

(305) 448-8811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)