## 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** 

## DOCUMENT # P96000091526 (9)

WEBSTORE INC.

Principal Piace	e of Business	Mailing Address	Mailing Address			I HOBIROOTI HIR KUNIN DIKIN DORKIY ODINI DOKIN BUKUN IRKUN NIDON DIKIN KUNIN DIKIN KUNIN		
800 WEST AVENUE		800 WEST AVENUE	800 WEST AVENUE					
#530 MIAMI FL 33139		#530 Miami Fl 33139-5536						
		michael F 60190 0000				3. Date Incorporated or Qualified 3a. Date of Last Report 10/21/1996		
2. Principal Pl	lace of Business	2a. Mailing Address				4, FEI Number	<del>'</del>	Applied For
21	and a second of the second of	26				65-0726783		Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 7 - 1	Additional
City & State		City & State	City & State			Fee Required		
23]			28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees		
Zip	Country	Zip				This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30			Florida Statutes		
	9, Name and Address of Curre			1		10. Name and Address of New Re	gistered Agent	
	PORATION SERVICE COMPANY	•	1	81	Name			
1201 HAYS STREET			ļī.	82 Street Address (P.O. Box Number is Not Acceptable)				
TALL	AHASSEE FL 32301-2525		83					
				0.3				
			1	84	City	-	FL 85 Z	p Code
11. Pursuant I	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	ites, the ab	ove	-named corp	oration submits this statement for the p	urpose of changing	) its registered
office or re agent. Lar	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was lations of, Section 607.0505, F	authorized Iorida Statu	by ites	the corporati	ion's board of directors. I hereby accep	t the appointment	as registered
SIGNATURE								
	Signature, typing or printed name of registered ag-			Ager	nt signature require	ad when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		
TITLE	SIEGEL, BEN	☐ DELETE	1.1 TITL				Chang	e L_ Addition
NAME OTRES LABORAGE	800 WEST AVENUE #530		1.2 NAN		4000000			
STREET ADDRESS CITY - ST - ZIP	MIAMI FL 33139		1.4 CITY		ADDRESS .	+		
TITLE	D	DELETE	2.1 TITL		-20		☐ Chang	e Addition
NAME	PAULHIAC, JORGE			2.2 NAME				
STREET ADDRESS	13610 SOUTH WEST 76TH S1	REET	2.3 STR	2.3 STREET ADDRESS				
CITY - S1 - ZIP	MIAMI FL 33183		2. 4 CIT	IY-S	T-ZIP	•		
TITLE		DELETE	3.1 TITL	LE			Chang	e Addition
NAME			3.2 NAN	ME				
STREET ADDRESS			3.3 \$TR	EET /	ADDRESS			
CITY - SI - ZIP	- Driett		3.4 CIT		Y-ZiP			14.00
TITLE		L_J DELETE	4.1 TITL		1		Chang	e L. Addition
NAME CYNCLL MODELOL			4.2 NA		annincon			
STREET ADDRESS					ADDRESS			
CITY+S1+ZIP TITLE		☐ DELETE	4.4 CITY 5.1 TITL		- ZIP	· · · · · · · · · · · · · · · · · · ·	Chang	e Addition
NAME			5.2 NAM				Last Oriong	- Light Made (19)1
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			5.4 CIT		1	•		
TITLE		DELE16	6.1 TITL	_			Chang	e Addition
NAME			6.2 NAN	ME	1			
STREET ADDRESS			6.3 STR	REET	ADDRESS			
C(114 - S1 - 7)P			6.4 CIT	Y-S1	r-zip			
14, I do heret	by certify that the information supplied indicated on this applied to provide the control of the certific to the certification to the certific to the certific to the certification to the certific to the certification to the certific to the certific to the certific to th	d with this filing does not qua	lify for the e	ec.	nption stated	in Section 119.07(3)(i), Florida Statute my signature shall have the same lega	s. I further certify the	at the
I am an of	flicer or director of the corporation o	r the receiver or trustee empo	wered to ex	(ec	ute this report	t as required by Chapter 607, Florida S	tatutes; and that m	y name

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

305-556-9122

**FILED** 

Mar 06 1997 8:00am

Secretary of State