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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90080 036 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000049842

WESTLAKE TRADING & INVESTMENT, INC.

Principal Place	e of Business	Mailing	Address							
2500 WESTON	ROAD	2500 WE	STON ROAD							
SUITE 103		SUITE 1	SUITE 103							
WESTON FL 33331			WESTON FL 33331				DO NOT WRITE IN THIS SPACE			
US		US					3. Date Incorporated or Qualifed			
							06/05/1997			
Principal P	Place of Business	2a. Mai	ling Address				4. FEI Number	LA	pplied For	×
21	•	26				-	65-0816759-	- N	ot Applicable	
Suite, Apt.	#, etc.	Suit	e, Apt. #, etc.				5. Certificate of Status Desired	8.75	Additional	- 5
22		27					5. Certificate of Status Desired	Fee R	tequired	
City & Stat	te	City	& State				6. Election Campaign Financing	\$5.00	May Be	
23		28					Trust Fund Contribution	-	to Fees	
Zip	Country	Zip		Cou	intry		8. This corporation owes the current year Intang	ible		
24	25	29	29 30				Personal Property Tax. ☐ Yes ☐ No			
	9. Name and Address of Curre	nt Registered	l Agent				10. Name and Address of New Registered Age	ent		
	Mark San	34 (4	./, * a*		81	Name				
ARVI	EŞU, MANUEL M				L_					
100	S.E. 2ND STREET	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		Í	
	H FLOOR				83		5 (15 m) 1 (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4	. Y Wal	High Millian	
	MI FL 33131									
					84	City	E1	5 Zip	Code	
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11. Pursuant	registered agent, or both, in the State	of Florida, Su	ich change was a	authorized	d by t	the corporation	oration submits this statement for the purpose of cha in's board of directors. I hereby accept the appointm	ent as r	egistered	
∜€Sagent. I a	im familiar with, and accept the obliga	ations of, Sect	tion 607.0505, Flo	orida Statu	utes.				-	
∜€\$ agent. I a	im familiar with, and accept the obliga	ations of; Sect	tion 607.0505, Flo	orida Statu	utes.					
₩ESagent. Fa	Signature, typed or printed name of registered age	ent and title if applic	able. (NOTI	orida Statu E: Registered	utes.	·	when reinstating) DATE			ĝ
WES agent. I a	Signature, typed or printed name of registered age OFFICERS Af	ent and title if applic	able. (NOTI	E: Registered	utes.	·	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTO	ORS IN 12	1.000
WES agent. Fa	Signature, typed or printed name of registered age OFFICERS AF	ent and title if applic	able. (NOTI	E: Registered 13.	Agent	·	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND D		ORS IN 12	10001.7
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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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

等级的研究。 : 数据图

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

☐ Change

☐ Addition