

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V15032 (8)

1. Corporation Name

WEST CORNER CORP.

Principal Place of Business

**19495 BISCAYNE BLVD.
SUITE 600
AVENTURA FL 33180**

Mailing Address

**19495 BISCAYNE BLVD.
SUITE 600
AVENTURA FL 33180**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/19/1992

3a. Date of Last Report

03/23/1994

4. FEI Number

65-0356033

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 has liability for intangible tax under G. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**BATIEVSKY, BERNARDO
19495 BISCAYNE BLVD.
SUITE 600
AVENTURA FL 33180**

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 reselecting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **BATIEVSKY, BERNARDO**
STREET ADDRESS **19495 BISCAYNE BLVD. #600**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **VP**
NAME **WAGENBERG, ISAIL**
STREET ADDRESS **2011 NE 214 ST.**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **ST**
NAME **WAGENBERG, SALO**
STREET ADDRESS **2010 NE 214 ST.**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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 or changes, or on an attachment with an address.

SIGNATURE:

SALO WAGENBERG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/95

(305) 532-6665
(Typed Name)