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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9500005277 (7)

BAMBI DE HUMACAO, INC.

Principal Plac	ce of Business		Mailing Add	dress				YBINI BANDI ABNDI BINIA NBULIA	1011 1001 1001
BAMBI DE HUMAÇÃO, INC. NO 6 CARLOS M. PENA ST HUMAÇÃO PR 00791 US			BAMBI DE	HUMACAO, IN	7		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  10/30/1995		
· ·	Place of Business	s	2a. Mailing	Address			4. FEI Number 59-3344407	<del>!</del> }	pplied For
Suite, Apt	# elc		26 Suite A	ot. #, etc.			39 3344401	<del></del>	lot Applicable Additional
22			<del> </del>	27			5. Certificate of Status Desired	,	Regulred
City & Sta	ite			City & State			6. Election Campaign Financing	<del></del>	May Be
23			28	28			Trust Fund Contribution		to Fees
Zip		Country	Zip	Zip Count			8. This corporation owes or has paid the current year Intangible		
24	25	ļ. <u></u>	29				Personal Property Tax due June 30. (XX) Yes No		□ No
			ent Registered Age	legistered Agent		T	10. Name and Address of New F	egistered Agent	
	VERGA, FRANC				61	Name			
		OODS CIRCLE			62	Street Ad	dress (P.O. Box Number is Not Accept	able)	
O	rlando FL 32			83	ļ				
					83				
					84	- 7		FL! '	Code
11. Pursuant to the previsions 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 farmar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printer ame or registered agent are fine of applicable (NOTE Registered Agent signature required when reinstating)  DATE									
12.	Signature, typed or pr		ND DIRECTORS	(NOI)	13.	ent signature rec	ADDITIONS/CHANGES TO OFF	ICEOS AND DIDECTOR	DC IN 10
TITLE	PDC	OTTIOETIO		DELETE	1.1 Title		ADDITIONS/CHANGES TO OFF	Change	Addition
NAME	1	RANCISCO J	_	1.2 N					
STREET ADDRESS ESTANCIAS DEL LAGO CALLI			LLE 1 B-18						
CITY-ST-ZIP	CAGUAS P	R 00715		1.4 Cl					
TITLE	STDC			DELETÉ	2.1 TITLE			Change	Addition
NAME		AILAGROS O			2.2 NAME	İ			
STREET ADDRESS   ESTANCIAS DEL LAGO CALLE			LLE 1 B-18	E 1 B-18					
CITY-ST-ZIP	CAGUAS P	R 00715				ST-ZIP			
TITLE			L.	_] DELETE	3.1 TITLE	Į.		L.] Change	Addition
NAME	ļ				3.2 NAME				1
STREET ADDRESS	!				3.3 STREET	ADDRESS			
CITY-ST-ZIP	ļ <u> </u>			DELETÉ	3.4. C(TY-	ST-ZIP			T Addition
TITLE	1 :		L.	DELETE	4.1 Title			L Change	Addition
STREET ADDRESS	ŧ				4. 2 NAME	ADDDECC			
CITY-ST-ZIP	1				4.4 CITY - S	ADDRESS			
TITLE	<del> </del>			DELETE	5.1 TITLE	A		Change	Addition
NAME				•	5.2 NAME				_
STREET ADDRESS	]			`•	5.3 STREET	ADDRESS			
CITY-ST-ZIP	l			_	5.4 CITY - S	ſ			
TITLE				DELETÉ	6.1 TITLE			Change	☐ Addilion
NAME					6.2 NAME				
STREET ADDRESS	1				6.3 STREET	ADDRESS			
CITY-ST-ZIP					6.4 CITY - S				
14. Thereby indicated	certify that the inl I on this annual re director of the co	tormation supplied eport or supplement ornoration or the re	with this filing does ntal annual report is regiver or trustee or	not qualify for frue and accumowers	r the exemp urate and the execute this	tion stated i at my signa report as to	in Section 119.07(3)(i), Florida Statutes, ture shall have the same legal effect as quired by Chapter 607. Florida Statutes	I further certify that the if made under oath; the cand that my name ar	information lat I am an hopers in
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 trusted 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.									

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