

**ANNUAL REPORT
1995**

**FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # J78187 (8)

**1. Corporation Name
BING CORPORATION**

95 MAY - 1 PM 3:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
P.O. BOX 561750
MIAMI FL 33256-8750

Mailing Address
P.O. BOX 561750
MIAMI FL 33256-8750

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/17/1987
3a. Date of Last Report 05/01/1994

2. Principal Place of Business
21 *P.O. Box 561746*
Suite, Apt. #, etc.

2a. Mailing Address
26 *P.O. Box 561746*
Suite, Apt. #, etc.

4. FEI Number 59-2827355
Applied For Not Applicable

22 City & State
23 *Miami FL*

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State
24 *Miami FL*

6. Election Campaign Financing \$5.00 May Be Added to Fees

24 Zip **25** Country
33256-1746 USA

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

29 Zip **30** Country
33256-1746 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BING HOLDING CORP
9501 SW 94 CT.
MIAMI FL 33176**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85** Zip Code
FL

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PST**
NAME **COHEN, RICHARD**
STREET ADDRESS **9501 SW 94 CT.**
CITY - ST - ZIP **MIAMI FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
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)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Rick Cohen Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 *3055962498*
DATE EMPLOYER'S NO.