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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam Secretary of State

1996

DIVISION OF CORPORATIONS P95000055179 (2) DOCUMENT # Corporation Name BEST COUNT, CORP. Principal Place of Business Mailing Address 821 SW 23RD AVE #10 821 SW 23RD AVE #10 MIAMI FL 33135 MIAMI FL 33135 3. Date Incorporated or Qualified 3a. Date of Last Report 07/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0595 133 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MORE, FRANCISCO J Street Address (P.O. Box Number is Not Acceptable) 82 821 SW 23RD AVE #10 **MIAMI FL 33135** 'яз 84 City 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 familiar with, and accept the obligations of, Section 607,0505, Florida Statutes SIGNATURE Skyr aftered typed or printed harrier of registere hage of and title diagnoviaria. (iÁi) (NOTE: Regulated Agent signature required when remaining) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1700.6 Addition MORE, FRANCISCO J NAME 1.2 NAME STREET ADDRESS 821 SW 23RD AVE #10 L3 STREET ADDRESS **MIAMI FL 33135** CITY - ST - ZiP 1.4 CITY - S1 - Z:P DVST TITLE DELFTE 2.1 PILE Change ☐ Addit-on MORE, ANA H 2.2 NAME STREET ADDRESS 821 SW 23RD AVE #10 2.3 STREET ADOPESS **MIAMI FL 33135** CITY-ST-ZIP 2.4 CITY - ST. ZIP THILE DELETE 3 1 III.E Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3 4 CiTy - \$1 - 7(P TITLE DELETE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ACORESS City-ST-ZiP 4.4 CITY-\$1-ZP TETLE DELETE 5 1 THE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST-ZIP 5.4 CHTY - ST. ZIP

6.4 CITY - ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). 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 eath; 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 on an attachment with an address

6 1 TIBLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

THILE

NAME

STREET ADDRESS

CITY - ST - ZIP

TRANCISCO V-TYPEGOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TT DELETE

April-16/996 (305)541-3580

Change

Addition

CR2E034 (12/95)