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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000087840

1. Corporation Name

BABUGI, INC.

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90058 036 ***150.00



Principal Place	e of Business	Mailing Address				,		•
13720 NE 11TH	1 AVENUE	13720 NE 11TH AVENUE	.					
MIAMI FL 33161		· MIAMI FL 33161	MIAMI FL 33161			DO NOT WRITE IN THIS	SPACE	
							- ACL	
						3. Date Incorporated or Qualifed		
						10/10/1997		
Principal Place of Business Za. Mailing Address						4. FEI Number	⊢ ∔	pplied For
1 26						65-0790035		lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional
2 27							Fee F	Required
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
28						Trust Fund Contribution	Addec	to Fees
Zip Country Zip			Cou	intry	•	8. This corporation owes the current year Inte	_	
4	25 29		30	30		Personal Property Tax.	Yes	□No_
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered	gent	
				81	Name			
	leke, tokunbo			82	Ctroot Add	ress (P.O. Box Number is Not Acceptable)		
13720 NE 11TH AVENUE				DZ	Street Audi	less (P.O. Box Number is Not Acceptable)		
MIAI	MI FL 33161			83				/ <u>-</u>
				Ll				
				84	City	FL	85 Zip	Code
				لـــــا	L	poration submits this statement for the purpose of		C
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable. (NO	DTE: Registered	Agen	nt signature require	od when reinstating) DATE		
12.		S AND DIRECTORS	13.		<u>-</u>	ADDITIONS/CHANGES TO OFFICERS AN	DIRECT	ORS IN 12
TITLE	P	☐ DELETE	☐ DELETE 1.1 TIT				Change	Addition
NAME	ADELEK, TOKUNBO							
STREET ADDRESS	ATO NE ABSTRACT DE		135	1.3 STREET ADDRESS				
	N MIAMIA BEACH FL 33162			1.4 CITY-ST-ZIP				
CITY-ST-ZIP	VP				1-ZIF		Change	Addition
TITLE	-			2.1 TITLE 2.2 NAME				-
NAME	ADELEKE, FOLA		1					
STREET ADDRESS			2.38	2.3 STREET ADDRESS				
CITY-ST-ZIP	N MIAMI BEACH FL 33162			2.4 CITY-ST-ZIP		<u></u>	(7.0)	
TITLE		☐ DELETE	3.1 TI	TLE			Change	■ Addition
NAME			3.2 N	AME				
STREET ADDRESS			3.3 S	TREET	T ADDRESS			
CITY-ST-ZIP			3.4 C	ITY: S	T-ZIP =			
TITLE		☐ DELETE	4.1 Ti	TLE			Change	Addition
NAME			4.21	IAME				
STREET ADDRESS			4.3 S	TREET	T ADDRESS			
CITY-ST-ZIP			4,4 C	ITY-\$	T-ZIP			
TITLE		☐ DELETE	5.1 T				Change	Addition
NAME			5.2 N					
			5.3 S	TREET	T ADDRESS			
STREET ADDRESS				TY-S				
CITY-ST-ZIP		[] DELETE					Change	Addition
TITLE	1	1 11/61 515			1			- Lincondon
NAME			604	ALIC:	l	•		
			6.2 N			·		
STREET ADDRESS			6.3 \$	TREET	T ADDRESS	•		
CITY-ST-ZIP			6.3 S 6.4 C	TREET	T-ZIP	Section 119,07(3)(i), Fiorida Statutes, I further cer		

Interest certay that the information supplied with this limit does not quality for the exemption stated in Section 1.3.07(5)(f), Fiorida Statutes. I further certay 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 interest process. With all other like empowered.

SIGNATURE: