

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K34935** (2)

1. Corporation Name

BEMOL INVESTMENTS INC.



Principal Place of Business

**6405 SOUTHWEST 116 PLACE
UNIT H
MIAMI FL 33173**

Mailing Address

**6405 SOUTHWEST 116 PLACE
UNIT H
MIAMI FL 33173**

3. Date Incorporated or Qualified
09/28/1988

3a. Date of Last Report
01/26/1995

4. FEI Number

65-0076635

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 s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOLINA, EMILIA, BENEKE
6405 SOUTHWEST 116 PLACE
UNIT H
MIAMI FL 33173**

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 of Registered Agent or Director (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
SAGRERA, ANA
STREET ADDRESS
6405 SW 116 PL H
CITY-STATE-ZIP
MIAMI FL

12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

2. TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
MOLINA, EMILIA BENEKE
STREET ADDRESS
6405 S.W. 116 PLACE H
CITY-STATE-ZIP
MIAMI FL

22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

3. TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
MOLINA, EMILIA BENEKE
STREET ADDRESS
6405 S.W. 116 PLACE H
CITY-STATE-ZIP
MIAMI FL

32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

4. TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
SLONE, SARA
STREET ADDRESS
13 CALLE PONIENTE, #4614
CITY-STATE-ZIP
SAN SALVADOR, EL SAL

42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

5. TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

6. TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 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 address.

SIGNATURE: *Emilia B. Molina* **Emilia B. Molina**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96 **1/26/96**

Date

(305) 598-0684 **(305) 598-0684**

Daytime Phone #

CR2E034 (12/95)