

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

96 MAY -1 PM 6:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 300444 (7)  
1. Corporation Name  
BINLUCK SALES CO INC



Principal Place of Business  
1036 S.W. 1 ST.  
MIAMI FL 33130

Mailing Address  
1036 S.W. 1 ST.  
MIAMI FL 33130

2. Principal Place of Business  
21 2300 CORAL WAY  
Suite, Apt. #, etc.  
22 City & State  
23 MIAMI FLORIDA,  
Zip 33145 Country US.  
24 33145 25 US.  
26 2300 CORAL WAY  
Suite, Apt. #, etc.  
27 City & State  
28 MIAMI FLORIDA,  
Zip 33145 Country US.  
29 33145 30 US.

3. Date Incorporated or Qualified 01/06/1966  
3a. Date of Last Report 04/26/1995  
4. FEI Number 59-1140045  
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

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.  
1036 S.W. 1 ST.  
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name  
FLORIDA ANNUAL REPORT SERVICES, INC.  
82 Street Address (P.O. Box Number is Not Acceptable)  
2300 CORAL WAY SUITE # 200  
83  
84 City  
MIAMI FL 85 Zip Code  
33145

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, 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 Florida address

AMADA CANTERA LOPEZ, PRES

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	BINNUM, SALVADOR	120 NE 9TH STREET	MIAMI FL	<input type="checkbox"/>
SD	BINNUM, DORA	120 NE 9TH STREET	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. CHANGE	6. ADDITION
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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-05/08/96-01064-014  
\*\*\*\*200.00 \*\*\*\*200.00

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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALVADOR BINNUM

Date

Daytime Phone #

CR2E034 (12/96)