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 #

B & M N	MANAGEMENT COMPAN	Y, INC.					
)	
		,					
Principal Plac	e of Business	Mailing Address					
C/O MARVIN O	COOPER	C/O MARVIN COOPER			•		
5000 N BAY ROAD 5000 N BAY ROAD			•	DO NOT WRITE IN	THE COACE		
MIAMI BEACH	FL 33140	MIAMI BEACH FL 33140				I INIS SPACE	 1
					3. Date Incorporated or Qualifed		
	7.0	2n Marilina Addana			09/21/1966 4. FEI Number	7 1 40	plied For
¬ '	Place of Business	2a. Mailing Address			59-1149824		t Applicable
21	#	Suite, Apt. #, etc.			35 1 143024	\$8.75 A	
Suite, Apt. #, etc.		— · · · ·	27 Suite, Apr. 4, 610.		5. Certifcate of Status Desired	Fee Re	1
City & State			City & State		6. Election Campaign Financing	\$5.00	May Re
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Coun	iry	8. This corporation owes the current y	ear Intangible	
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Cu				10. Name and Address of New Regis	tered Agent	
			1	Name			
	OPER MARVIN	** 685	-	32 Street Add	dress (P.O. Box Number is Not Acceptable)		:
5000 N. BAY ROAD		5 - 12 ¹⁰ C	OZ SHEEL AGO		arooo (1.10. 20x rainbor to 1.10x rainbor)	arthorn or opposite	ere deser side
MA	MI BEACH FL 33140		1	33		1911年6月1	
			-	34 City		85 Zip C	ode.
		9.1.4				FL i	
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Statu	ites, the abo	ove-named co	rporation submits this statement for the purp tion's board of directors. I hereby accept the	ose of changing its	registered
office or r	registered agent, or both, in the Si	tate of Florida. Such change was	authorized i	ov the corpora	tion's poard of directors. I hereby accept the	appointment as reg	gistered [
agent La	am familiar with, and accept the ob	oligations of Section 607.0505. FI	lorida Statut	es.	, ,		·
agent: Fa	am familiar with, and accept the ot	oligations of, Section 607.0505, FI	lorida Statut	es.	,		
agent. I a	am familiar with, and accept the ot	oligations of, Section 607.0505, Fi	E: Registered A	es.	ired when reinstating)	ATE	· ·
agent: Fa	am familiar with, and accept the of Signature, typed or printed name of registered OFFICERS	diagent and title if applicable. (NOT S AND DIRECTORS	E: Registered A	es. gent signature requi	1	ATE RS AND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registeres OFFICERS	d agent and title if applicable. (NOT	TE: Registered A	gent signature requi	ired when reinstating)	ATE	· ·
SIGNATURE	Signature, typed or printed name of registeres OFFICERS PD COOPER, MARVIN	diagent and title if applicable. (NOT S AND DIRECTORS	E: Registered A	gent signature requi	ired when reinstating)	ATE RS AND DIRECTO	RS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90005 009 ***150.00