

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

DOCUMENT # 428918

(7)

1. Corporation Name

B & B CORPORATION

Principal Place of Business

5960 MIAMI LAKES DR.
MIAMI LAKES FL 33014

Mailing Address

5960 MIAMI LAKES DR.
MIAMI LAKES FL 33014



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

06/22/1973

3a. Date of Last Report

01/19/1995

4. FEI Number

59-1438980

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

BARSEL, ELY
19710 SAWGRASS DRIVE
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

705P Ayshire Lane

83

84 City

Boca Raton

FL

85 Zip Code

33496

11. Pursuant to the provisions of Sections 607.0602 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 607.0603, Florida Statutes.

SIGNATURE

By the corporation, in case of a corporation, by its duly authorized officer or director.

(When the registered agent is a corporation, the signature of the registered agent is required.)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1.1 TITLE
2. NAME	1.2 NAME
3. STREET ADDRESS	1.3 STREET ADDRESS
4. CITY-STATE-ZIP	1.4 CITY-STATE-ZIP
5. TITLE	2.1 TITLE
6. NAME	2.2 NAME
7. STREET ADDRESS	2.3 STREET ADDRESS
8. CITY-STATE-ZIP	2.4 CITY-STATE-ZIP
9. TITLE	3.1 TITLE
10. NAME	3.2 NAME
11. STREET ADDRESS	3.3 STREET ADDRESS
12. CITY-STATE-ZIP	3.4 CITY-STATE-ZIP
13. TITLE	4.1 TITLE
14. NAME	4.2 NAME
15. STREET ADDRESS	4.3 STREET ADDRESS
16. CITY-STATE-ZIP	4.4 CITY-STATE-ZIP
17. TITLE	5.1 TITLE
18. NAME	5.2 NAME
19. STREET ADDRESS	5.3 STREET ADDRESS
20. CITY-STATE-ZIP	5.4 CITY-STATE-ZIP
21. TITLE	6.1 TITLE
22. NAME	6.2 NAME
23. STREET ADDRESS	6.3 STREET ADDRESS
24. CITY-STATE-ZIP	6.4 CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl A. Mejia

1/17/96

557-0570

CR2E034 (12/95)