FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:01

DOCUMENT # **495120** **(8)**

1. Corporation Name
BESMAN, INC.

Principal Place of Business	Mailing Address
2355 SALZEDO STREET 308 CORAL GABLES FL 33134 US	2355 SALZEDO STREET 308 CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/26/1976**
3a. Date of Last Report: **06/15/1994**

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: **59-1667219** ☐ 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

SIMON, GARY P.
SUITE 504
9100 S DADELAND BLVD
MIAMI FL 33156-4815

10. Name and Address of New Registered Agent

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	VD ERNEST J. SHERMAN ☐ Change ☐ Addition
NAME	SHERMAN, ERNEST J	12 NAME	
STREET ADDRESS	141 ARAGON	13 STREET ADDRESS	2355 SALZEDO ST.
CITY-ST-ZIP	CORAL GABLES, FL 00000	14 CITY-ST-ZIP	SUITE 308 CORAL GABLES, FL 33134
TITLE	DP	21 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	SHERMAN, BEATRICE	22 NAME	BEATRICE SHERMAN
STREET ADDRESS	141 ARAGON	23 STREET ADDRESS	SUITE 308
CITY-ST-ZIP	CORAL GABLES, FL 00000	24 CITY-ST-ZIP	2355 SALZEDO ST CORAL GABLES, FL 33134
TITLE	SD	31 TITLE	SD ☒ Change ☐ Addition
NAME	HOWARD, ROBERT D	32 NAME	ROBERT HOWARD
STREET ADDRESS	141 ARAGON	33 STREET ADDRESS	2355 SALZEDO ST
CITY-ST-ZIP	CORAL GABLES, FL 00000	34 CITY-ST-ZIP	SUITE 308 CORAL GABLES, FLA. 33134
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. To the best of my knowledge and belief, the information supplied with this filing is complete, accurate and in compliance with the applicable provisions of Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, if changed, or on an attachment with an address.

SIGNATURE: Beatrice Sherman 1/6/95 305-446-4444
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
BEATRICE SHERMAN, PRES.