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 # 654271

CITY-ST-ZIP

B. E. J. INVESTMENT CORPORATION

								——·l						
Principal Place of Business Mailing Address											***************************************	-		
8950 SW 106TH STREET				8950 SW 106TH STREET										
MIAMI FL 33176			MIA	MIAMI FL 33176				ļ	DO NOT WRITE IN THIS SPACE					
								- 1	3. Date Incorp			3FACI		
								ł	02/01/198		100			
1 Si	45			Mailing Address					4. FEI Number				App	lied For
2. Principal Place of Business				2a. Mailing Address					59-21872			_ <u>├</u>	_	Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					39 2 1012	.50		\$2		ditional
Suite, Apt.	#, etc /	-		27				1	5. Certificate of	f Status Desire	g 🗅		ee Req	
City & State				City & State					6. Election Car	maiga Einana	ing.			May Be
City & State				28				ļ	Trust Fund		g 🗆		ded to	,
Zip Country				Zip Cou			ntry				current year Inta			
			29	¬ "'			,		8. This corporation owes the current year Intangible Personal Property Tax.					
24]		nd Address of Cur		stered Agent	1301				10. Name and		w Registered A	Agent		
	g, Hailte ai	III Audioss of our	Tont Rogic	naica Agont		81	Name		10.					
TES1	Γ, SANDRA L					<u> </u>								
9400 S DADELAND BLVD				82			Street	t Addres	s (P.O. Box Nun	nber is Not Acc	eptable)			
\$300						83					**			
MIAMI FL 33156														
****				•		84	City				FL	85	Zip C	ode
		(0 007	0500 4 6	07.1508, Florida Stati	.4= - 4	<u> </u>		d 00==00=	ation submits this	e statement for		channi	na its r	egistered
office or r	egistered agen	it, or both, in the Sta	ate of Florid	da. Such change was , Section 607.0505, F	autho	nzed by	the corp	poration'	s board of direct	ors. I hereby a	ccept the appoir	itment	as reg	istered
SIGNATURE		•												
SIGNATORE	Signature, typed or	printed name of registered	agent and title	if applicable. (NOT	E: Regi	stered Ager	t signature	e required w	nen reinstating)		DATE			
12.		OFFICERS	AND DIRE			13.		-r	ADDITIONS/	CHANGES TO	OFFICERS AN			
TITLE	D			☐ DELETE		1.1 TITLE						☐ Ch	ange	Addition
NAME !	SHAPIRO, J	JILL B			1	1.2 NAME								
STREET ADDRESS	8950 SW 1	o6th Street,	;	6	ı	1.3 STREE	ADDRESS	s						
CITY-ST-ZIP	MIAMI FL 3	3176				1.4 CITY-S	T-ZIP							
TITLE	D			☐ DELETE		2.1 TITLE						Ch	ange	☐ Addition
NAME	SMITH,LOR	l K.				2.2 NAME								
STREET ADDRESS	8950 SW 1	06TH STREET			.	2.3 STREE	ADDRESS	s .	پ سپهندوست	÷ -	,			-
CITY-ST-ZIP	MIAMI FL 3					2. 4 CITY-5	T-ZIP							
TITLE	PD			☐ DELETE		3.1 TITLE						Ch	ange	☐ Addition
NAME	SHAPIRO, I	ruth p			J	3.2 NAME		j						
STREET ADDRESS	AARA ON JOSTH OTBEET				3.3 ST		ADDRESS	s						
CITY-ST-ZIP	MIAMI FL 3				ı	3.4. CITY-5	T-ZIP			•				
TITLE				☐ DELETE		4.1 TITLE						CH	ıange	☐ Addition
NAME						4. 2 NAME								
STREET ADDRESS						4.3 STREE	TADDRESS	s						
CiTY-ST-ZIP					- 1	4.4 CITY-S	T- <i>Z</i> IP							
TITLE				☐ DELETE		5.1 TITLE		†				□ CH	ıange	Addition
NAME						5.2 NAME								
STREET ADDRESS						5.3 STREE	TADDRESS	s						
					- 1	5.4 CITY-S	T-ZIP							
CITY-ST-ZIP TITLE	 			DELETE		6.1 TITLE		+-				CH	ange	Addition
NAME		•				6.2 NAME								
	(ı	6.3 STREE	TADORESS	s			-			
STREET ADDRESS	ŧ				1			1						

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

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90109 025 ***150.00