FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F37576

(8)

Section Act if lock South April #, clos	1. Corporation Name BEST CRATING AND PACKING, INC. Principal Place of Business Mailing Address 3240 SW 95TH COURT 3240 SW 95TH COURT MIAMI FL 33165-3033															
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State Stat		#, etc	2	r						5. Certificate of Status Desired						
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28 33166 28 Dade 29 39 Florida Statutes Yes No	L						\$ \$			v		· 				
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MAGAROLAS, MAURICIO, ESO. 815 PONCE DE LEON 2ND FLOOR CORAL GABLES FL 33134 82 Sweet Address (P.O. Box Number is Not Acceptable) 82 Sweet Address (P.O. Box Number is Not Acceptable) 83 Sweet Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 84 Zip Cod	⊢- , `	k			2	իլ ի				•		1 '				
## ADDITIONS OF LEON 2ND FLOOR CORAL GABLES FL 33134 ## City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0507 and 607 1508. Floreds Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am further with, and accept the eligibatries of Section 607 0505. Floreds Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am further with, and accept the eligibatries of Section 607 0505. Floreds Statutes **SIGNATURE** **TOTAL THE THE CONTROL OF THE STAND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. **TOTAL THE CONTROL OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. **TOTAL THE CONTROL OFFICERS AND DIRECTORS 13. STREET ADDRESS **TOTAL THE CONTROL OFFICERS AND DIRECTORS 13. STREET ADDRESS **TOTAL THE CONTROL OFFICERS AND DIRECTORS 13. STREET ADDRESS **TOTAL THE CONTROL OFFICERS AND DIRECTORS 13. STREET ADDRESS **TOTAL THE CONTROL OFFICERS AND DIRECTORS 13. STREET ADDRESS **TOTAL THE CONTROL OFFICERS AND DIRECTORS 13. STREET ADDRESS **TOTAL THE CONTROL OFFICERS AND DIRECTORS 13. STREET ADDRESS **TOTAL THE CONTROL OFFICERS AND DIRECTORS 13. STREET ADDRESS **TOTAL THE CONTROL OFFICERS AND DIRECTORS 13. STREET ADDRESS **TOTAL THE CONTROL OFFICERS AND DIRECTORS **TOTAL TH			and	Address of Curr	ent Re	gistere	ed Agent	nt T				10. Name and Address of New Registered Agent				
CORAL GABLES FL 33134 83 64 City FL S5 Zip Code 11. Pursuant to the previsions of Section 6 607 1508, Ficinda Statutes. The above named corporation submits this statement for the purpose of Analoging its registered agent, or both in the Statute of Ficinda. Statutes agent, or both in the Statute of Ficinda. Statutes agent, or both in the Statute of Ficinda. Statutes agent, or both in the Statute of Ficinda. Statutes agent, or both in the Statute of Ficinda. Statutes agent, or both in the Statute of Ficinda. Statutes agent, or both in the Statute of Ficinda. Statutes agent a					81 Name						ì					
11. Pursuant to the previsions of Section 6 07 (500) and 607 (500) and							i			Si	reet Addre	ess (P.O. Box Number is Not Accepta	ble)			
The processor of Sections 607 05409 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am frame for with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATUR: 12. OF RICHES AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. OF RICHES AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. OF RICHES AND DIRECTORS 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR												······································				
1. Pursuant to the previsions of Socious 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am far relieve with, and accept the obligations of, Socious 607 0505, Florida Statutes.									84	c	ity			85 Zip (Code	
SIGNATURE					r 2020	1 2559	4750 FL 1 0			<u>L</u> .,				, 1 1	j	
MAIL VIDS	agent. I	am tarbilar v	nth, ai	nd accept me obs	iganors genta d	sor, S∈	proable (I	, Florida NOTE Regis	Statute	·S.		ed when reinstating)	DATE			
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14. I do 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 13 J changed, or on an attachment with an address.

SIGNATURE:

MATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-97. TEL. 305. 699-80

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FILED

Jan 24 1997 8:00am

Secretary of State