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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9300000643

1. Corporation Name

BGLS INC.

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90099 014 ***150.00



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|---|--|--------------------|----------------------|-------------|--------|----------------|--|----------------------------|---|--------------|---------------------------------------|---------------------------|-----------|------------------------|
| Principal Plac | e of Business | Mailin | g Address | | | | | | | | | | | |
| INTERNATIONAL PLACE 100 S.E. 2ND STREET. 32ND FLOOR MIAMI FL 33131-2150 MIAMI FL 33131-2150 INTERNATIONAL PLACE 100 S.E. 2ND STREET. 32ND I MIAMI FL 33131-2150 | | | ND FLOO | FLOOR | | | | 20.11 | OT 1440" | TE 161 T1 PC | 00405 | • | | |
| | | | MIAMI FL 33131-2150 | | | | ļ | DO NOT WRITE IN THIS SPACE | | | | | | |
| | | | | | | | | ** | Incorporated or C 9/1993 | lualited | | | | |
| 2. Principal F | Place of Business | 2a. Ma | ailing Address | | | | | 4. FEI N | umber | | | | App | lied For |
| 21 | | 26 | | | | | | <u> 13-3</u> | <u>593483</u> | | | | | Applicable |
| Suite, Apt | #, etc. | 27 Su | ite, Apt. #, etc. | | | | | 5. Certifo | cate of Status De | sired | | | | dditional quired |
| City & Sta | te | | ty & State | | | | - | 6. Election | on Campaign Fin | ancing | | - \$5 | .00 | May Be |
| 23 | | 28 | | | | | | Trust | Fund Contributio | ก | | Ad | ded to | Fees |
| Zip | Country | Zip |) | _ | intry | | | | corporation owes | | ent year In | | | - |
| 24 | 25 | 29 | | 30 | , | | | | nal Property Tax | | | ☐ Yes | i | ⊒No |
| | 9. Name and Address of Current | Registere | ed Agent | | 64 | A1 | 1 | 10. Name | and Address o | f New F | Registered | Agent | | |
| Λ Τ | CODDODATION SYSTEM | | | | 81 | Name | | | | | | | | |
| C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD | | | | | 82 | Street A | Street Address (P.O. Box Number is Not Accepta | | | Accepta | able) | | | |
| PLANTATION FL 33324 | | | | | | | | | | | | | | |
| rt.4 | ITIALIOIT FL 33324 | | | | 83 | | | | | | | | | |
| | | | | | 84 | City | | | | | FL | 85 | Zip C | ode |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607. | 1508, Florida Statut | tes, the a | bove | -named o | corporat | tion subm | its this statemen | t for the | purpose of | changir | ng its i | egistered |
| office or | registered agent, or both, in the State of amiliar with, and accept the obligati | of Florida 🧐 | Such change was a | uthorize | d bv | the corpo | ration's | poard of | airectors, i nerei | by accet | pt tne appo | niunent a | as reg | isiered |
| | 5 · | | | | | | | | | | | , | | |
| SIGNATURE | Signature, typed or printed name of registered agent | t and title if app | olicabie. (NOTE | : Registere | d Agen | t signature re | quired who | | | | DATE | | | |
| 12. | OFFICERS AND | DIRECT | | 13. | | | | ADDIT | IONS/CHANGES | TO OF | FICERS A | | | |
| TITLE | CPD | | ☐ DELETE | 1.1 T | ITLE | | D | | _ | | | Cha | ange | Addition |
| NAME | LEBOW, BENNETT S | | | 1.2 N | AME | | | | Sharpe | | | | | |
| STREET ADDRESS | I '' | LOOR | | 1.3 S | TREET | | | | Second | | - 32nd | d Fl | | |
| CITY-ST-ZIP | MIAMI FL 33131-2150 | | | 1.40 | TY-S | r-ZIP | Mia | mi, | <u>FL 3313</u> | 1 | | | | — A A B P = - |
| TITLE | VT | | ☐ DELETE | 2.1 T | TLE | | | | | | | ☐ Cha | ange | ☐ Addition |
| NAME | VAN SICLEN, JOSELYNN D | | | 2.2 N | IAME | Ì | | | | | | | | |
| STREET ADDRESS | 100 SE SECOND ST 32ND FLO | OR | | 2.3 S | TREET | ADDRESS | | | | | | | | |
| CITY-ST-ZIP | MIAMI FL | | | | CITY-S | | | | | | | <u> </u> | | |
| TITLE _ | VS | | DELETE ,~ | _ 3.1 T | ITLE | - } | | | | | | . ₋∐ Cha | ange - | Addition |
| NAME | BELL, MARC N | | | 3.2 N | AME | | | | | | | ٠. | | |
| STREET ADDRESS | | Ĺ | | 3.3 \$ | TREET | ADDRESS | | | | | | | | |
| CITY-ST-ZIP | MIAMI FL 33131 | | | | CITY-S | T-ZIP | | | | | | [m] A: | | □ A 3 350 ~ − |
| TITLE | D | | ☐ DELETE | 4.1 T | ΠLE | ľ | | | | • | | Cha | ange | ☐ Addition |
| NAME | EIDE, ROBERT J | _ | | 4. 2 | VAME | | | | | | | | | |
| STREET ADDRESS | 1 | L | | 4.3 S | TREET | F ADDRESS | | | | | | \$ | | |
| CITY-ST-ZIP | MIAMI FL 33131 | | | _ | aty-s | T-ZIP | | | | | | | | |
| TITLE | D | | ☐ DELETE | 5.1 T | | | | | | | | Cha | ange | Addition |
| NAME | PODELL, JEFFREY S | | | | IAME | | | | | | | | | |
| STREET ADDRESS | 1 | Ĺ | | | | ADDRESS | | | | | | | | |
| C/TY-ST-ZIP | MIAMI FL 33131 | | | | ITY-S | T-ZIP | | | | | | | | T A Jan 1911 |
| TITLE | · | | ☐ DELETE | 6.1 T | | | | | | | | ☐ Chá | ange | ☐ Addition |
| NAME | | | | | AME | , | | | | | | | | |
| STREET ADDRESS | | | | 6.3 S | TREET | ADDRESS | | | • | | | | | |
| CITY ST. ZID | | | | 6.4 0 | TY-S | T- ŽIP | | | | | | | | - |

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 of the 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 an artistachment with an address, with all other like empowered.

SIGNATURE:

March 25, 1999