

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G00610** (7)

1. Corporation Name  
**BAN BIN OF MIAMI INC.**



Principal Place of Business: **212 NE 212 TERR NORTH MIAMI FL 33179 US**  
Mailing Address: **212 NE 212 TERR NORTH MIAMI FL 33179 US**

3. Date Incorporated or Qualified <b>09/15/1982</b>	3a. Date of Last Report <b>03/13/1995</b>
4. FCI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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9. Name and Address of Current Registered Agent  
**SZYDLO, ISMAEL  
212 NE 212 TERR.  
NORTH MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
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11. Pursuant to the provisions of Sections 607.0102 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 607.0502, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> DELETE
PD	SZYDLO, ISMAEL	212 NE 212 TERR	N MIAMI BEACH FL	
SD	SZYDLO, SUSANA	212 NE 212 TERR	N MIAMI BEACH FL	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY, ST, ZIP	15. TITLE	16. NAME	17. STREET ADDRESS	18. CITY, ST, ZIP	19. TITLE	20. NAME	21. STREET ADDRESS	22. CITY, ST, ZIP	23. TITLE	24. NAME	25. STREET ADDRESS	26. CITY, ST, ZIP	27. TITLE	28. NAME	29. STREET ADDRESS	30. CITY, ST, ZIP
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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 to this report.

SIGNATURE: *Ismael Szadlo* 2-7-96 931-1176  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)