

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

APPROVED
AND
FILED

95 MAR -1 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G20628 (5)

1. Corporation Name
R. BEKO, INC.

Principal Place of Business

% JOHN BEKO
3400 NE 192 ST #402
AVENTURA FL 33180

Mailing Address

% JOHN BEKO
3400 NE 192 ST #402
AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/27/1983
3a. Date of Last Report 03/10/1994

4. FEI Number 59-2811766
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

BEKO, JOHN
3400 NE 192ND ST. #402
AVENTURA FL 33180

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BEKO, JOHN
STREET ADDRESS 3400 NE 192ND ST. #402
CITY- ST- ZIP AVENTURA FL

TITLE VP
NAME BEKO, RUTH
STREET ADDRESS 3400 NE 192ST ST. #402
CITY- ST- ZIP AVENTURA FL

TITLE S
NAME BEKO, SUZANNE
STREET ADDRESS 3400 NE 192ND ST. #402
CITY- ST- ZIP AVENTURA FL

TITLE SVP
NAME BEKO, MICHELLE
STREET ADDRESS 6522 TIMBER LANE
CITY- ST- ZIP BOCA RATON FL

TITLE T
NAME BEKO, STEVEN
STREET ADDRESS 3400 NE 192ND ST. #402
CITY- ST- ZIP AVENTURA FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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 110.07(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 an attachment with an address.

SIGNATURE:

John Beke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OF FILING OR DIRECTOR

2-21

305-932-3981

(Date)

(Typed Name)