

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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90088 023 ***150.00

DOCUMENT # G42218

1. Corporation Name
BIBI'S INSURANCE AGENCY, INC.

Principal Place of Business
5823 HALLANDALE BEACH BLVD.
HOLLYWOOD FL 33023

Mailing Address
5823 HALLANDALE BEACH BLVD.
HOLLYWOOD FL 33023



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/27/1983

4. FEI Number
59-2297414

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

CASTILLO, LILLIAM M.
5823 HALLANDALE BEACH BLVD.
HOLLYWOOD FL 33023

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME CASTILLO, JOSE
STREET ADDRESS 2460 W 67 PL, BG 27, 204
CITY-ST-ZIP HIALEAH FL

1.2 TITLE ☐ DELETE

NAME CASTILLO, LILLIAM M.
STREET ADDRESS 2460 W 67 PL, BG 27, 204
CITY-ST-ZIP HIALEAH FL

1.3 TITLE ☐ DELETE

NAME CASTILLO, LILLIAM M.
STREET ADDRESS 2460 W 67 PL, BG 27, 204
CITY-ST-ZIP HIALEAH FL

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME CASTILLO, JOSE
STREET ADDRESS 14301 Cypress CT
CITY-ST-ZIP MIAMI LAKES, FL 33014

1.2 TITLE ☒ Change ☐ Addition

NAME CASTILLO, LILLIAM M.
STREET ADDRESS 14301 Cypress CT
CITY-ST-ZIP MIAMI LAKES, FL 33014

1.3 TITLE ☒ Change ☐ Addition

NAME CASTILLO, LILLIAM M.
STREET ADDRESS 14301 Cypress CT
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1.5 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

1.7 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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.

SIGNATURE:

LILLIAM M. CASTILLO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99
Date

(954) 962-5880
Daytime Phone #

CR2E034 (1/1/98)