

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J79868**

(2)

1. Corporation Name

B.Z.B. INTERNATIONAL, INC.



Principal Place of Business

**8362 PINES BLVD STE 341
PEMBROKE PINES FL 33024**

Mailing Address

**8362 PINES BLVD STE 341
PEMBROKE PINES FL 33024**

2. Principal Place of Business

21 Suite, Apt., #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt., #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**EPSTEIN, BARUCH B.
8362 PINES BLVD STE 341
PEMBROKE PINES FL 33024**

3. Date Incorporated or Qualified

06/26/1987

3a. Date of Last Report

05/01/1995

4. FET Number

59-2846250

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. 199.03, Florida Statutes

☐ Yes

☐ No

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 607.01(2) and 617, 1995, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Officer or Director

Signature of Registered Agent or Officer or Director

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE ☐ DELETE

NAME **DCPS
EPSTEIN, BARUCH B.**
STREET ADDRESS **8362 PINES BLVD
PEMBROKE PINES FL**
CITY-STATE-ZIP

11.2 TITLE ☐ DELETE

NAME **DVT
EPSTEIN, ZOHARA**
STREET ADDRESS **8362 PINES BLVD
PEMBROKE PINES FL**
CITY-STATE-ZIP

11.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

11.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

11.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

11.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-STATE-ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY-STATE-ZIP

14. I do hereby certify that the information supplied in 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 supplement thereto 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 registered agent, 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, I, or on an affidavit made under oath.

SIGNATURE:

Baruch B. Epstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL

1, 1995

954-436-2910

CR2E034 (12/95)