## 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

## DOCUMENT # **J79868**

1. Corporation Name

B.Z.B. INTERNATIONAL, INC.

Mailing Address

8362 PINES BLVD STE 341

8362 PINES BLVD STE 341

## FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90005 006 \*\*\*158.75



PEMBROKE PINES FL 33024		PEMBROKE PINES FL 33024		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
				06/26/1987		
2. Principal P	face of Business	2a. Mailing Address	7.114	4. FEI Number	Apr	plied For
21	·	26		59-2846250		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
22		27			Fee Rec	
City & Stat	e .	City & State		6. Election Campaign Financing	\$5.00	· · · · · · · · · · · · · · · · · · ·
23	Country	28     Zip   C	Country	Trust Fund Contribution	Added to	5 rees
Zip	Country 25	29 30	Souriay	<ol> <li>This corporation owes the current year In Personal Property Tax.</li> </ol>		₽No
24	9. Name and Address of Current	<u> </u>	<del></del>	10. Name and Address of New Registered		
		(448,440,141,141,141,141,141,141,141,141,141	81 Name		<u> </u>	
EPS"	TEIN, BARUCH B.		00 00	tors (D.O. Bay Number is Not Assentable)		
8362 PINES BLVD STE 341			82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
PEM	BROKE PINES FL 33024		83			
			84 City		85 Zip C	Code
			64 City	· ` <b>F</b> I		Jode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, th	e above-named corp	poration submits this statement for the purpose of	of changing its	registered
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was author ons of, Section 607.0505, Florida S	ized by the corporati Statutes	ion's board of directors. I hereby accept the appo	numem as ref	Jisiered
SIGNATURE						
	Signature, typed of printed name of registered agent		tered Agent signature require			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	DCPS	•	.1 TITLE		Citalige	L. Addition
NAME	EPSTEIN, BARUCH B.		.2 NAME	•	•	}
STREET ADDRESS	8362 PINES BLVD PEMBROKE PINES FL		.3 STREET ADDRESS			}
CITY-ST-ZIP	DVT		.4 CITY-ST-ZIP		Change	Addition
TITLE	EPSTEIN, ZOHARA		2 NAME			
NAME	8362 PINES BLVD		.3 STREET ADDRESS			ľ
. STREET ADDRESS	PEMBROKE PINES FL	A SERVICE OF THE SERV	. 4 CITY-ST-ZIP	ليعاشين والأواد بالمادات	ا بالمسكن	
CITY-ST-ZiP	1 EMBRONE FINESTE		11 TITLE		Change	☐ Addition
NAME			2 NAME			
STREET ADDRESS			3 STREET ADDRESS			}
CITY-ST-ZIP			A. CITY-ST-ZIP			(
TITLE			A TITLE		☐ Change	Addition
NAME		4	. 2 NAME			
STREET ADDRESS		4	.3 STREET ADDRESS		•	
CITY-ST-ZIP			4 CITY-ST-ZIP	,		
TITLE		☐ DELETE 5	.1 TITLE		☐ Change	Addition
NAME		5	.2 NAME			}
STREET ADDRESS	•	5	.3 STREET ADDRESS			
CITY-ST-ZIP			.4 CITY-ST-ZIP			
TITLE		☐ DELETE 6	.1 πτε		☐ Change	Addition
NAME		6	2 NAME			
STREET ADDRESS		6	.3 STREET ADDRESS			
CITY-ST-ZIP	,	6	.4 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:

JBARVON BIERKEN