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PROFIT CORPORATION ANNUAL REPORT			E AFTE	FLORIDA DEPARTMENT OF STATE Sandra B. Mouham Secretary of State DIVISION OF CORP PRATIONS				· ·	FIL	ΕD		
LEWSTRANDIOOO								97 JUL 15 AM II: 07				
1. Corporation Name											·	
	BE BEZOLI	) P.A.		WC	17-1	15	99:	3	\$5.0kg //ca	OF STA	ATE	
Principal Place of Business  SECRE BEZOLD  14880 SW 122 PL  MIAMI FL 33186				Mailing Address '  GEORGE BEZOLD  14680 SW 122 PL  MIAMI FL 33186				,	REINSTATEMENT (16-617			
<b>A</b> D1 : 10									3. Date Incorporated or Qualifi 05/10/1988		Date of Last F 01/02/199	96
2. Principal Pla 21	ace of Busines	S	26	Malling Address					4. FEI Number 65-0047605		<del></del>	Applied For Not Applicable
Suite, Apt. :	#, etc.		27	Suite, Apt. #, etc.					5. Certificate of Status Desired			5 Additional Required
City & State	9			City & State					Election Campaign Financin     Trust Fund Contribution	g 🔲	\$5.0	00 May Be
Zip 24	Country 25			7ip 29 3					This corporation has liability     Florida Statutes	for Intangibl Yes ☐ No	le tax under s	
	9. Name a	nd Address of Cur	rent Registe	red Agent		81	Name		10. Name and Address of Ne	w Register	ed Agent	
14680 Si MIAMI FL	to the provision	oth, in the State of E	lorida. Such d	nange was author.	ized by the	82 83 84 ove-n	City	morati	is (P.O. Box Number is Not Acception submits this statement for the of directors. I hereby accept the	F	changing its	ip Code
familiar wit	ih, and accept	the obligations of, S	ection 907.05	05, Florida Statute	98.	00.			or allestore. Thorony boops, and		15/8	· ·
12.	Signature, lyped or		gentand little if app AND DIRECTO		VOTE: Registere	d Agent	t signature re-	w beriup?	tien reinstating) ADDITIONS/CHANGES TO (	[,041]	t	
TITLE	PD			DELETE	1.1	TITLE			The state of the s	<i>3.110L107</i>	☐ Change	Addition
NAME STREET ADDRESS	BEZOLD, 4 14680 SW				1.2 M		ADDRESS					
CITY-ST-ZIP	MIAMI FL					OTY-ST	1					
TITLE NAME				☐ DELETE	2.1						☐ Change	Addition
STREE #ADDRESS	 				2.2 N 2.3 S		ADDRESS		600002 -07/2 ****	:2,43	328E	;2 `~~`
CITY-ST-ZIP				FT Drugge		HY-ST	1-ZIP		一切(7点	540.00	(1112	-026 5 <b>4<u>0</u>.00</b>
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STREET ADDRESS							ADDRESS					
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NAME				Попп	4, 1 T 4,2 N						☐ Change	☐ Addition
STREET ADDRESS					4.3 S	IREET /	ADDRESS					
CITY-ST-ZIP TITLE	<del></del>	· · · · · · · · · · · · · · · · · · ·		DELETE	44 C	HTY-ST	I - ZIP				["] Change	Addition
NAME					52 N						onange	7MO-(1011
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP TITLE				DELETE	5.4 C 6. 1 T	HTY-ST	- 7/P		60		Change	Addition

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 conjugation 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.

SIGNATURE: Supplemental and the supplemental supplemental and the supplemental supplemental and the supplemental supplemental

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS