

FILE NOW: FILING FEE AFTER MAY 15

**FILED**  
**Jun 10, 1999 8:00 am**  
**Secretary of State**

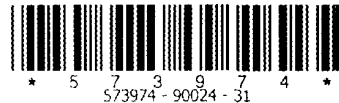
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DOCUMENT - 3

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA  
 DIVISION



DOCUMENT # **K34935**

1. Corporation Name  
**BEMOL INVESTMENTS INC.**

Principal Place of Business

528 N.E. 26 TERRACE  
 MIAMI FL 33137  
 US

Mailing Address

528 N.E. 26 TERRACE  
 MIAMI FL 33137  
 US

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified

09/28/1988

4. FEI Number

65-0076635

Applies For  
 Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Election Campaign Financing  
 Your Fund Contribution

\$5.00 May be Added to Fees

8. This corporation owes the current year intangible  
 Personal Property Tax

Yes  No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 Mailing address

25 State, Apt. #, etc.

26 City & State

27 Zip Country

3. Name and Address of Current Registered Agent

BENEKE, MILA  
 528 N.E. 26 TERRACE  
 MIAMI FL 33137

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 in the presence of registered agent and all shareholders

SOLE Registered Agent signature (number shareholders)

or 10

12. OFFICERS AND DIRECTORS		13. APPLICABLE CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	X Change <input type="checkbox"/> Add New
NAME	SAGRERA, ANA	12 NAME	D
STREET ADDRESS	528 N.E. 26 TERRACE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	PT	21 TITLE	X Change <input type="checkbox"/> Add New
NAME	BENEKE, MILA	22 NAME	PCS
STREET ADDRESS	528 N.E. 26 TERRACE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	PTD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME	MOLINA, EMILIA BENEKE	32 NAME	
STREET ADDRESS	6405 S.W. 116 PLACE H	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME	SLONE, SARA	42 NAME	
STREET ADDRESS	13 CALLE PONIENTE, #4614	43 STREET ADDRESS	
CITY-ST-ZIP	SAN SALVADOR, EL SAL	44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 419.07(3)(c), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 or changes, or on an attachment with an address, with all other like empowered

SIGNATURE: *Mila Beneke - President* MILA BENEKE 5-10-99 (305)573-9960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED JUN 10 1999 MIAMI FL

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