FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # K60181 BE BOUQUET II, INC.	(0)		The state of the s	
		engan di samuran di sa Samuran di samuran di s	e i translate. Translate		
Principal Place of Business 9450 NW 127H ST MIAMI FL 33172		Mailing Address 9450 NW 12TH ST MIAMI FL 33172-2604		THE REPORT OF THE PART OF THE	ABOL ALIAN BIBIT BYEN DIBI BILIN KEDI — 128
				3. Date Incorporated or Qualified 01/18/1989	3a. Date of Last Report 04/16/1996
1	ace of Business	2a. Mailing Address		4. FEI Number 65-0095531	Applied For Not Applicable
Suite, Apt.	#. els	Suite, Apt. #. etc.	***************************************	5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ	Country	Zip	Country	8. This corporation has liability for in	tangible tax under s. 199.032,
24	25	29	30		Yes No
	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Reg	istered Agent
OUNTERO, OUE ANIN				Idress (P.O. Box Number is Not Acceptable	A)
MIAMI FL 33172				toress (F.O. Box Number is Not Acceptable	
			83	3	
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the above-named co	orporation submits this statement for the pu	roose of changing its registered
office or n agent it a	egistered agent, or both, in the State of manifical with land accord the obligation	f Florida Such change was ons of, Section 607.0505, F	authorized by the corpor forida Statutes.	ration's board of directors. I hereby accept	the appointment as registered
SIGNATURE	Au (em Con	illa			7/21/97
12.	Signalize, tydig or printed name of registered and it. OFFICERS AND		fé: Registered Agent signature red 13.	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	7.00111011031111102010 0011101	Change Addition
NAME	CONYERS, SUE ANN		1.2 NAME		
STREET ADDRESS	3610 SW 128TH AVE		1.3 STREET ADDRESS		
CITY - S1 - ZIP	MIAMI FL	□ DELETE	1.4 CITY-ST-ZIP		Change Addition
TIT:E	STD Kantakis, George	L_) Derese	2 1 TITLE 22 NAME		Circinate Ci votation
NAME STREET ADDRESS	78 HIGHVIEW TERRACE		2 3 STREET ADDRESS		
CITY ST-ZIF	HAWTHORNE NJ		2. 4 CITY - ST - ZIP		
TITLE	A THE RESERVE OF THE PARTY OF T	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ACORESS			3.3 STREET ADDRESS		
C TY - \$1 - ZIP		DELETE	3 4. CITY-ST-ZIP		Change Addition
TOTALE NAME		□ DETETE	4.1 TITLE 4. 2 NAME		CT CHARGE CT Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CHTY+ST+ZIP	!		4.4 CITY-ST-ZIP		
1011		DELETE	5.1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-ST-20			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREFT ADDRESS		

SIGNATURE:

14. I do 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 filock 13 if changed, or on an attachment with an address.

FILED

Apr 28 1997 8:00am

Secretary of State