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PROFIT CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

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DOCUMENT # LO6851 ANI B.W. INTL., INC.  Pencipal Place of Business  Mailing Address 1450 MADRIGA AVE SUITE 305 CORAL GABLES FL 33146 US  2. Principal Place of Business 2a, Mailing Address 3. Date Incorporated or Qualified 08/03/1989 08/03/1989 08/03/1989 08/03/1989 08/03/1986  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 08/07/1996 08/03/1989 08/07/1996 08/07/1		1997		Secreta DIVISION OF	iry of State CORPORATIO	) NS	Se	cretai	ry o	f Sta	ate	
Super Procedure Accessed   Super Procedure Acc	DOCUN 1. Corporation	MENT # LO	6851	(4)	***************************************		L HAGUAU AU PAUA	AHAI 14101 AYON NAI	011)	: 11 <b>111</b> 11 11 <b>1</b> 111	:: 1111 1211	
2 Principal Place of Business	1450 MADRUGA AVE SUITE 305 CORAL GABLES FL 33146			1450 MADRUGA AVE. SUITE 305 CORAL GABLES FL 33146-3164		1450 MADRUGA AVE. Suite 305 Coral Gables Fl 33148-3164						
Surfe Api * etc   Surfe Api *	US		US				08/03/1989	ed or Qualified	08/0	7/1996	aport ,	
Suite Apt # etc   Situate Desired   S\$.75 Additional   S\$.00 May Be Added to Fass   State   State   State   State   State   State   S\$.00 May Be Added to Fass   S\$.00 May Be Ad	<del></del>	ace of Business	} <u>-</u>	Vailing Address		:		3		} <del></del>	Z <sub>1</sub>	
City & State    City & State   City	Suite Apt	#, etc.	ļ., !	Suite, Apt. #, etc.		:				\$8.75 A	dditional	
Zip	City & State	9		City & State		<del> </del>	6. Election Campa	ign Financing				
24   25   29   30   Floride Statutes   No   No   No   No   No   No   No   N	<b>23</b>	Countr	<del> </del>	Zip	Gountry	· · · · · · · · · · · · · · · · · · ·						
HABER, DENNIS R. 1450 MADRILAR AVENUE SUITE 305 CORAL GABLES FL 33146  80  61  62  63  64  61  65  65  66  67  67  67  68  68  69  60  60  60  60  60  60  60  60  60	24			wad Anont	30		Florida Statutes		Yes 🗀	No	······································	
1450 MADRISA AVENUE SUITE 305 CORAL GABLES FL 33146  82 Sireof Address (P.O. Box Number is Not Acceptable)  83 City FL 88 Zip Code  11. Pursuant to the provisional of Sections 607.0502 and 607.1503. Florida Statuties, the above named corporation submits this statement for the purpose of changing its ricy steried office or registered agent of the purpose of changing its ricy steried office or registered agent of the purpose of changing its ricy steried of directors. Thereby accept the appointment as registered standes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME 13. SIRET ADDRESS 13. SIRET ADDRESS 14. CITY ST. ZP 17. ST. ZP 18. Change 14. Addition 15. STRET ADDRESS 16. CITY ST. ZP 17. ST. ZP 18. NAME 18. STRET ADDRESS 18. STRE	HAR		es of Current Registe	red Agent	81	Name	TU, Name and Acc	IDAS OI NOW NO	Albielec w	70111	!	
CORAL GABLES FL 33146  84 City FL 85 Zip Code  11. Pursuant to the provisione Cisculors 607 0502 and 607 1502. Florida Statutes. The above named corporation submits this statement to the purpose of changing its registered agent 1 and Janiliar with, and accipant the obligations of section 607 0505. Florida Statutes is boven named corporation's board of directors. I hereby accept the appoinment as registered agent 1 and Janiliar with, and accipant the obligations of section 607 0505. Florida Statutes  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITHE  PST  OFFICERS AND DIRECTORS IN 12.  ITHE  PST  ITHE  BOONER, ANNE  1120 NW 16TH CT  1120 NW 16TH CT  PEMBROKE PINES FL  OFLETE  33 SIRELLADORESS  CITY ST, 2P  DELETE  1120 NW 16TH CT  23 SIRELLADORESS  CITY ST, 2P  DELETE  33 SIRELLADORESS  CITY ST, 2P  OCHANGE  120 NW 16TH CT  DELETE  33 SIRELLADORESS  SIRELLADORESS  SIRELLADORESS  SIRELLADORESS  SIRELLADORESS  CITY ST, 2P  OCHANGE  34 SIRELLADORESS  CITY ST, 2P  OCHANGE  SIRELLADORESS  CITY ST, 2P  O	1450	MADRUGA AVENUE			82	Street Ad	dress (P.O. Box Number	is Not Acceptat	Ne)	<del></del>		
Section   Sect			۵۵			<u> </u>	· · · · · · · · · · · · · · · · · · ·			+		
11. Pursuant to the providence of Sections 607 0502 and 607 1502. Fordid Statutes. The above-hamed corporation's board of the purpose of changing its registered agent. Or beit, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the eppointment as registered agent and rainlive with. and accept the boligations of decision 607 0505. Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  10. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. THE DELETE 1.1 THE 1.2 DAME  11. STREET ADDRESS  12. STREET ADDRESS  13. STREET ADDRESS  14. STREET ADDRESS  14. STREET ADDRESS  15. STREET ADDRESS  16. STREET ADDRESS  17. ST. ZP  18. STREET ADDRESS  18. ADDITIONS/CHANGES OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES OFFICERS AND DIRECTORS IN 12  19. STREET ADDRESS  19. STREET A	CUR	AL GADLES FL 3314	ю			 	;	·		·		
SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INTE	!				ļ - · ·	1				}	i	
SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INTE  PST  OFFICERS AND DIRECTORS IN 12  INTE  BOGAICR, ANNE  1290 NW 16TH CT  PEMBROKE PINES FL  INTE  DELETE  11 I	11, Pursuant I	to the provisions of Sections of Sections to be the section of the	tions 607.0502 and 607 , in the State of Florida	7.1508, Florida Statu Such change was	les, the above authorized by	named co	rporation submits this station's board of directors	atement for the p	ourpose of o	hanging its intment as	s registered registered	
12		m familiar with, and acc	ent the obligations of	Section 607.0505, Fi	orida Statutei	8.		4				
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		w certify that the inform	ation supplied with this	s filing does not gue!			ed in Section 119 07/34	) Florida Statute	s Hurther	cedify 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 path, that I am an officer or director of the expression 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 12 illustrated or an appear of 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 12 illustrated or an appear of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name