FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:39

DOCUMENT # L22507 (2)

1. Corporation Name

BAMA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5407 GEORGIA AVE. WEST PALM BEACH FL 33413 US	P.O. BOX 16206 WEST PALM BEACH FL 33416

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/11/1989
3a. Date of Last Report: 08/09/1994
4. FEI Number: 65-0218472 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

ZAPATA, MANUEL S.
871 SAGE AVE
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 ______________________ DATE ________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ZAPATA, MANUEL S	1.2 NAME	
STREET ADDRESS	871 SAGE AVE	1.3 STREET ADDRESS	
CITY ST ZIP	WEST PALM BCH FL	1.4 CITY ST ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	ZAPATA, BARBARA A.	2.2 NAME	
STREET ADDRESS	871 SAGE AVE.	2.3 STREET ADDRESS	
CITY ST ZIP	W. PALM BEACH FL	2.4 CITY ST ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	ZAPATA, JUDIEL	3.2 NAME	
STREET ADDRESS	871 SAGE AVE.	3.3 STREET ADDRESS	
CITY ST ZIP	WEST PALM BCH. FL	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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 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.

SIGNATURE: [signature] MANUEL S. ZAPATA 01/10/95 (407) 683-8010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0430148 PP