FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUME:NT # 1. Corporation Name

(8)

BING	SALES INTERN	ATIONAL, INC.								
Principal Place of Business Mailing Address P O BOX 561746 P O BOX 561746 MIAMI FL 33256-1746 MIAMI FL 33256-1746 US US										
						3. Date Incorporated or Qualified 10/13/1989	3a. Da	te of Last 05/01/18	Report 995	
	Place of Business		2a. Mailing Address			4. FEI Number			Applied For	
Suite, Apt.	# oto		26				65-0150RAR			Not Applicable
City & Stat	·		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23			City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Ζιρ 24	25	intry	Zip Country				8. This corporation has liability for intangible tax under s 199,032, Florida Statutes ✓ Yes No			
	9. Name and Ad	dress of Current Re	gistered Agent				10. Name and Address of New R	egistered	Agent	
5 000 1	101 bula 66-b				81	Name				
BING, HOLDING CORP. 9501 SW 94 CT.					82	Street Addre	ss (P.O. Box Number is Not Acceptab	ie)		
MIAMI F	FL 33176				83					
					84	City			85 Z	ip Code
11. Pursuant	to the provisions of Se	ections 607.0502 and	607,1508, Florida Statu	utes, the abo		amed comora	tion submits this statement for the pur	FL	<u> </u>	·
or register familiar wi	red agent, or both, in t ith, and accept the ob	the State of Florida. S ligations of, Section 6	uch change was author 07.0505, Florida Statute	rized by the c es.	orpo	oration's board	tion submits this statement for the purp of directors. I hereby accept the appo	pose or cri pintment as	anging its registered	registered office d agent. I am
	Signature, typed or printed na	me of registered agent and tit	c lf appicable (h	NOTE: Registered	Agent	t signature required y	vhen reinstation	DATE		
12.		OFFICERS AND DIF	ECTORS	13.			ADDITIONS/CHANGES TO OFFI		DIRECTO	DRS (N. 12
TITLE	DF'	DD	☐ DELETE	1. 1 717	TLE				Change	Addition
NAME	COHEN, RICHA 5900 SUNSET			1.2 NA	ΜE					
STREET ADDRESS	SOUTH MIAMI			1.3 ST	REET A	ADDRESS				
CITY-ST-ZIP TITLE	OCOTTI MIZMI			14 CIT	Y-51	1 - ZIP				
NAME	1		DELETE	2.1111	LE	i]	Change	☐ Addition
				2.2 NA	ME					
STREET ADDRESS				23516	REETA	ADDRESS				
CITY - ST - ZIP TITLE		 -	רם מנודונ	2 4 CIT		- ZIP				
NAME :			☐ DELETE	3 1 113				[Change	■ Addition
STREET ADDRESS				3.2 NA						
CHY-SI-7/P						ADDRESS				
TITLE			☐ DELETE	3.4 CIT		- ZIP				
NAME				4.1717				[] Change	Addition
STREET ADDRESS				4.2 NAM						
CITY-ST-ZIP						LDDRESS				
TITLE			DELETE	4.4 City		-ZIP		<u>-</u>		
NAME			in precis	5. 1 TIT		1] Change	☐ Addition
STREET ADDRESS				5.2 NAM		nonree				
CITY-S1-ZIP						DORESS				
TILE			DELETE	5.4 City 6. 1 Titl		- ZIP			7.0	
NAME (C otter] Change	☐ Addition
STREET ADDRESS				6.2 NAM		DODECC				
CITY-ST-ZIP				63 STR						
14. I do hereby	certify that the inform	ation supplied with th	is filing is voluntarily furn	64 CITY			the exemption stated in Section 119.0	710) 4 : =		
oath; that I	am an officer or direc-	or of the corporation	ort or supplemental and or the receiver or truste attachment with an add	oa reportis	true d to	and accurate execute this n	the exemption stated in Section 119.0 and that my signature shall have the s oport as required by Chapter 607, Flor	r (3)(K), Flor ame legal (ida Statute	nda Statuti effect as if es; and tha	es. I further made under it my name

4/22/96 3055962595