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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L22651

2651

(8)

FILED Apr 25 1997 8:00am Secretary of State

BING SALES INTERNATIONAL, INC- Principal Place of Business Mailing Address P O BOX 561746 MIAMI FL 33256-1746 US US								
					3. Date Incorporated or Qualified 10/13/1989		te of Last I 26/1996	Report
-	aco of Business	2a. Mailing Address			4. FEI Number			pplied For
Suite, Apt.	* alc	26 Suite, Apt. #, etc.			65-0159808			ot Applicable Additional
12	7, (1)	27			5. Certificate of Status Desired			equired
City & State)	City & State	······································		6. Election Campaign Financing		\$5.00	May Be
23		26	T 2		Trust Fund Contribution			to Fees
Zip 24	Country 25	Zip	Country 30		8. This corporation has liability for i	intangible] Yes [s. 199.032,
[4]	9. Name and Address of Curr		1301		10. Name and Address of New Re			
RIN	3, HOLDING CORP.		81 N	lame				
	1 SW 94 CT.		82 S	treet Addres	ss (P.O. Box Number is Not Acceptab	ole)		
	MI FL 33176							
			83					
			84 C	ity			85 Zip	Code
A CONTRACTOR OF THE CONTRACTOR						<u>FL</u>		la conintova d
office or re agent if a	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such change was ligations of, Section 607.0505, F	utes, the above-na sauthorized by the Florida Statutes	amed corpo e corporatio	ration submits this statement for the pen's board of directors. I hereby accept	ourpose or pt the appo	changing pintment as	registered
SIGNATURE	Signature, typed or person name of registered of OFFICERS A	agent and hile if applicable (NC	DTE: Registered Agent si			DATE	DIRECTO	RS IN 12
SIGNATURE 12.	Styricture: typed or penilod name of registered of OFFICERS A	agent and hite if applicable (NC	OTE: Registered Agent si		d when reinstaling)	DATE		RS IN 12
SIGNATURE 12. TILE NAME	Synature: typed or penilod name of registered of OFFICERS A DP COHEN, RICHARD	agent and hile if applicable (NC	TE: Registered Agent si 13. 1.1 TITLE 1.2 NAME	gnature required	d when reinstaling)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STHEEL ADDRESS	OFFICERS A DP COHEN, RICHARD 5900 SUNSET DR	agent and hile if applicable (NC	TE: Registered Agent 6 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADE	gnature required	d when reinstaling)	DATE	DIRECTO	RS IN 12
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4. 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 Block 13 if changed to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

RICHARD COHEN

4/21/97 (305)596-2

OTHER W