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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # **L48397** 

(8)

B & B GROUP, INC.

Principal Place of Business

Mailing Address

## FILED May 08 1997 8:00am Secretary of State



5416 N.W. 72NI MIAMI FL 33160		5416 N.W. 72ND AVE. MIAMI FL 33166-4224					
					3. Date Incorporated or Qualified 02/01/1990	3a. Date of Last 6 02/02/1996	Report
	ace of Business	2a. Mailing Address 26 SAME AS ABOUT		4, FEI Number	<del></del>	pplied For	
	ME AS ABOVE		AS A	corp	65-0199376		ot Applicable
Suite, Apt. (		Suite, Apt. #, etc.			5. Certificate of Status Desired	4	Additional lequired
City & State 23	)	City & State			Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Ζφ 24	Country 25	Zip 29	Coun	try	8. This corporation has liability for in Florida Statutes	ntangible tax under	s. 199.032,
<u> </u>	g, Name and Address of Currer		1901		10. Name and Address of New Rec		
MON	ITELLO, LOUIS R		8	Name A	HAMU, CAROLINA		
	BRICKELL AVE.		BE/V		dress (P.O. Box Number is Not Acceptable)		
	E 1200	+	82 Street Add		116 Nu) 72 Avenue		
	WI FL 33131		Ē	13			
III W	W 1 5 00101		\ <u>_</u>				
				City /	11211	FL  85   30	Code .
11. Bursuant t	the provisions of Section 607.450	2 and 607.1508, Florida Statu	ites, the abo	ove-named cor	poration submits this statement for the pu	rpose of changing	its registered
Office or re	egistered agent, or both, in the State	of Torida. Such change was	authorized	by the corpora	ation's board of directors. I hereby accep	the appointment as	s registered
			LOTICA CICIO	.03			ì
SIGNATURE	Surrangle Typed or proced hards of registered ag	of and title if applicable (NO	TE: Registered	Agent signature requ	uired when reinstating)	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TIT.E	DV	DELETE	1.1 TITL	E		Change	Addition
NAME	BENHAMU, ALBERT		1 2 NAM	IE .			
STREET ADDRESS	5416 N.W. 72ND AVE.	4	1.3 STA	EET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166			-ST-ZIP			
TIFLE	DP					Change	Addition
NAME )	BENHAMU, CARLOS		2.2 NAME				)
STREET ADDRESS	5416 N.W. 72ND AVE.	2.3 STREET ADDRESS		EET ADDRESS	•		
OTY-ST-ZIP	MIAMI FL 33166		2.4 CIT	Y-ST-ZIP			
1016			3.1 TITL			Change	Addition
NAME	DOCUMENTS ASSAULTS		3.2 NAM	IE )			ì
STREET ADDRESS	541C N.W. 72ND AVE.			EET ADDRESS			
City-St-ZIP	MIAMI FL 33166			Y-ST-ZIP			i
THE		DELETE	4.1 T/TL			Change	Addition
NAME:			4. 2 NA	ME			
STREET ADDRESS				EET ADORESS			
CHTY ST ZIF				'-ST-ZIP			
Thu		DELETE	5.1 TITL			☐ Change	Addition
NAME			5.2 NAM	IE I			
STREET AUDRESS				EET ADDRESS			
CHY SI-7#				(-ST-ZIP			
TILE	,	DELETE	6.1 TITL	<del></del>		Change	Addition
NAME			6.2 NAM			_	
STREET LADORESS				EET ADDRESS			
CTT -S(-ZIP				-ST-ZIP			
	by certify that the information supplie	with this filing does not qua			ed in Section 119.07(3)(i), Florida Statutes	. I further certify tha	t the

4. I go hereby certify that the information supplies with this filling does not quality for the exemption stated in Section 119.07(3)(I). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental arguet 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 of trustipe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, or en ab attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Prione •