

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L51019 (2)

1. Corporation Name

BESTENI COMMUNICATIONS, INC.



Principal Place of Business

15155 S.W. 44TH STREET
MIRAMAR FL 33027
US

Mailing Address

15155 S.W. 44TH STREET
MIRAMAR FL 33027
US

3. Date Incorporated or Qualified
02/14/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number
65-0170148

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BESTENI, BARBARA A.
18350 MEDITERRANEAN BLVD.
#2703
MIAMI FL

81 Name

BARBARA A. BESTENI

82 Street Address (P.O. Box Number is Not Acceptable)

15155 S.W. 44 STREET

83

MIRAMAR FL

84 City

FL

85 Zip Code
33027

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

Signature of the person who is the registered agent of the corporation

Signature of the person who is the registered agent of the corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
BESTENI, BARBARA A.
15155 S.W. 44TH STREET
MIRAMAR FL ☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
BESTENI, ALBA-MARIE
15155 S.W. 44TH STREET
MIRAMAR FL ☐ DELETE

2. 1. TITLE
2. 2. NAME
2. 3. STREET ADDRESS
2. 4. CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

3. 1. TITLE
3. 2. NAME
3. 3. STREET ADDRESS
3. 4. CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

4. 1. TITLE
4. 2. NAME
4. 3. STREET ADDRESS
4. 4. CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

5. 1. TITLE
5. 2. NAME
5. 3. STREET ADDRESS
5. 4. CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

6. 1. TITLE
6. 2. NAME
6. 3. STREET ADDRESS
6. 4. CITY - ST - ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBA-MARIE BESTENI

5-3096

954/430-5626

CR2E034 (12/95)