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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L68873**

1. Corporation Name

BEMISALI, INC.

Principal Place of Business

5600 NE 2ND AVE.
MIAMI FL 33137

Mailing Address

5600 NE 2ND AVE.
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1990

4. FEI Number

65-0187711

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

~~- DIAZ, RAFAEL -~~
~~- 5600 NE 2ND AVENUE~~
~~- MIAMI FL 33137~~

10. Name and Address of New Registered Agent

81 Name **Estevéz Ramon**
 82 Street Address (P.O. Box Number is Not Acceptable)
3920 NW 108 AVE
 83
 84 City **Coral Springs** FL 85 Zip Code **33065**

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, typed or printed name of registered agent and fee acceptable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME

DIAZ, RAFAEL

STREET ADDRESS

531 KINGSBURY TERRACE

CITY-ST-ZIP

WELLINGTON FL 33414

TITLE

S Vice P. - Sec. ☒ DELETE

NAME

PICHARDO, MIGUEL A

STREET ADDRESS

10290 N.W. 36 ST. #7

CITY-ST-ZIP

CORAL SPRINGS FL 33065

TITLE

T ☐ DELETE

NAME

ESTEVEZ, JOSE A

STREET ADDRESS

10830 ROYAL PALM BLVD.

CITY-ST-ZIP

CORAL SPRINGS FL

TITLE

S Pres. ☒ DELETE

NAME

ESTEVEZ, RAMON

STREET ADDRESS

3920 N.W. 108 AVE 1

CITY-ST-ZIP

CORAL SPRINGS FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, or in an attachment with an address with all other like empowered.

SIGNATURE: **Ramon Estevéz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)