1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90048 030 ***150.00

DOCUMENT # L72623

STREET ADDRESS

| Corporation | n Name | | | | | | |
|---|---|--------------------------------------|----------------------|--------------------------------|--|--------------------------------------|------------|
| BING PURCHASING CORP. | | | | | | | |
| | | | | | | | |
| | | B4-32 Add | | | <u>-</u> | | |
| Principal Place of Business Mailing Address | | | | | | | |
| P.O. BOX 565999 P.O. BOX-565999 MIAMI FL 33256-1746 MAMI FL 33256-1746 | | | | | | | |
| US US | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualifed | | ļ |
| | | | <u>.</u> | | 05/14/1990 4. FEI Number | | lind For |
| | lace of Business | 2a. Mailing Address 26 PO Box | 50 | 5999 | | <u> </u> | Applicable |
| 21 00 'S. | 8X 5 Ø3 777 | 26 0 130X Suite, Apt. #, etc. | 30 | 3 / 1 | 65-0202805 | \$8.75 Ac | |
| 22 | #, 6.0. | 27 | • | | 5. Certificate of Status Desired | Fee Req | II |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 N | /lay Be | |
| 23 MIAMI PL. | | 28/M/Am/ | july, | | Trust Fund Contribution | Added to | Fees |
| Zip Country Zip 24/332 50-5999 25 VS 29/332 50-5999 30 | | | | ry 5 | 8. This corporation owes the current ye Personal Property Tax. | | □No |
| 24 <u>332 56-</u> | A Name and Address of Curren | | 30 0 | | 10. Name and Address of New Regist | | |
| Name and Address of Current Registered Agent | | | | 81 Name | | | |
| BING HOLDING CORP | | | ļ., | 2 Street Addr | ess (P.O. Box Number is Not Acceptable) | | |
| 9501 SW 94 CT | | | | Sueer Addit | ess (F.O. Box Number is Not Acceptable) | | |
| MAIM | MI FL 33176 | | Ε | 13 | | | |
| | | | l e | 14 . City | | 85 Zip Co | ode |
| | | | | ' | | FL | |
| affina are | calculated agent of both in the State | of Florida, Such channe was all | ITDODZEA E | ov the comoratio | oration submits this statement for the purpo on's board of directors. I hereby accept the | se of changing its regardance as reg | istered |
| | m familiar with, and accept the obliga | tions of, Section 607.0505, Flori | ida Statut | BS. | | | · |
| SIGNATURE | Signature, typed or printed name of registered ager | nt and title if applicable. ' (NOTE: | Registered A | gent signature required | d when reinstating) DA | TE | |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICER | | |
| TITLE | | | 1.1 TITL | | | ☐ Change | Addition |
| NAME | 0011211, 111012110 | | 1.2 NAM | | | | |
| STREET ADDRESS | 3331 311 311 | | | EET ADDRESS | • | | |
| CITY-ST-ZIP . | MIAMI FL | DELETE | 2.1 TITLE | -ST-ZIP | · · · · · · · · · · · · · · · · · · · | Change | Addition |
| TITLE | _ | | 2.1 IIILI 2.2 NAM | | | | |
| NAME STREET ADDRESS | | | | EET ADDRESS | | | |
| CITY-ST-ZIP | | | | 7-ST-ZIP | | | Į |
| TITLE | | | 3.1 TITL | | | ☐ Change | Addition |
| NAME | | | 3.2 NAM | E | | | |
| STREET ADDRESS | | | 3.3 STR | EET ADDRESS | | |] |
| CITY-ST-ZIP | | | 3.4. CIT | /-ST-ZIP | | | - Addition |
| TITLE | | _ DELETE | 4.1.TITL | ·~ - | e was in | Change | ☐ Addition |
| NAME | | | 4. 2 NAA | | | | 1 |
| STREET ADDRESS | | | | EET ADDRESS | | | |
| CITY-ST-ZIP | | ☐ DELETE | 4.4 CITY 5.1 TITL | -ST-ZIP | | ☐ Change | Addition |
| TITLE NAME | | | 5.2 NAM | - 1 | | | _ |
| STREET ADDRESS | | | - 1 | EET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY | -ST-ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TITL | | | Change | Addition |
| NAME | | | 6.2 NAM | E | | | ļ |

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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURÉ: