

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 7:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L93126 (5)
1. Corporation Name
BOBBERY ENTERPRISES, INC.

Principal Place of Business Mailing Address
2050 CORAL WAY 2050 CORAL WAY
SUITE #404 SUITE #404
MIAMI FL 33145 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/09/1990 3a. Date of Last Report 04/26/1994
4. FEI Number 65-0212707 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
6. This corporation has liability for interjurisdictional tax under S. 189.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 8005 NW 98 St. 26 8005 NW 98 St.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
City & State City & State
23 Hialeah Gardens FL 28 Hialeah Gardens FL
Zip County Zip County
24 33016 25 U.S.A. 29 33016 30 U.S.A.

9. Name and Address of Current Registered Agent

MECOZZI, MILTON L.
2050 CORAL WAY
SUITE #404
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
19101 Mystic Pointe Dr.
83
84 City No. Miami Beach FL 85 Zip Code 33160

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT
NAME MECOZZI, MILTON L.
STREET ADDRESS 19101 MYSTIC POINTE DR
CITY - ST - ZIP N MIAMI BEACH FL
TITLE DVS
NAME MECOZZI, CARMELA L.P.
STREET ADDRESS 1901 MYSTIC POINTE DR
CITY - ST - ZIP N MIAMI BEACH FL
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1 1 TITLE ☐ Change ☐ Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP
2 1 TITLE ☐ Change ☐ Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP
3 1 TITLE ☐ Change ☐ Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP
4 1 TITLE ☐ Change ☐ Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP
5 1 TITLE ☐ Change ☐ Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP
6 1 TITLE ☐ Change ☐ Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

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 SPACE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Print Name)