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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M04694

B & E PALLETS, INC.

Principal Place of Business

Mailing Address

3127 N.W. 54TH STREET MIAMI FL 33142

3127 N.W. 54TH STREET MIAMI FL 33142

FILED Jan 22, 1999 8:00am Secretary of State

01-22-1999 90069 036 ***150.00



DO NOT WRITE IN THIS SPACE

					DO NOT WRITE IN 11113	JI AUL		
					3. Date Incorporated or Qualifed 08/31/1984			
2 Principal B	Place of Business	2a. Mailing Address			4. FEI Number			
21	lace of business	26 Walling Address	•		59-2480239	·	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							Additional	
27					5. Certifcate of Status Desired		equired	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be	
23	28			Trust Fund Contribution Added to Fees				
Zip	Country Zip			Country 8. This corporation owes the current year Intangible			: -	
24	25 29 30		0			□No		
	9. Name and Address of Current				10. Name and Address of New Registered	Agent .		
	1		81	Name				
HERRING, BENJAMIN								
3127 N.W. 54TH. STREET			82	Street Add	reet Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33142			83					
MUMINI I E SO ITE			63	1				
			84	City		85 Zip	Code	
.a. sa ma		4.4. 15		""	FL			
11., Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	, the abov	e-named corp	poration submits this statement for the purpose of	changing its	registered	
office or r	registered agent, or both, in the State of	Florida, Such change was auth	horized by	the corporati	ion's board of directors. I hereby accept the appoi	tment as re	gistered	
	in landing with and accept the obligant	ina di, decilori dai lococi, i loria	a Glattice				·	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: Re	baictered Age	nt signature require	ed when reinstating) DATE			
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg OFFICERS AND DIRECTORS			ed Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			DRS IN 12	
TITLE	P	DELETE	1.1 TITLE		ABBITIONO/BITATOECO TO OTT TOERO 744	☐ Change	Addition	
	1	C Peter L		}		Criange	L Addison	
NAME	HERRING, BENJAMIN	· ·	1.2 NAME	i				
STREET ADDRESS	3127 NW 54TH STREET		1.3 STREE	TADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME .			2.2 NAME				1	
STREET ADDRESS			2.3 STREE	TADORESS	*			
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP	•			
TITLE		DELETE	3.1 TITLE			Change	Addition	
NAME:			3.2 NAME			:: <u>-</u> -	_	
11.	「動物でなり、動作」			T ADDDECC			J	
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TITLE		☐ DÉLETE	4.1 TITLE			Change	Addition	
NAME		\$ 277 ***	4.2 NAME	1			ļ	
STREET ADDRESS		- 18	4.3 STREET	TADDRESS	•			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		•		
TITLE 914	H 25 99 WS	☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME ,	The region of the second	; :	5.2 NAME	1			- }	
STREET ADDRESS	ር የብሔር 1ኛ የብርክ ጨር እምና የጀመር መስመስተ ይለተነፃነት በአስያ	• •	5.3 STREET	TADORESS		** ;	. 1	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		:		
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NAME	18 1 · 18 · 18 · 18 · 18 · 18 · 18 · 18		6.2 NAME					
1	35 Jan 198		6.3 STREET	LAUDOESS			1	
STREET ADDRESS					•	•		
CITY-ST-ZIP	<u> </u>		6.4 CITY-S	T-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 affactment with an address, with all other like empowered.