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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

(5)

DOCUMENT #

1. Corporation Name

	BHESUIA CORPORATI				
Principal Place of Business		Mailing Address			
177 OCEAN LAN	IE DR	177 OCEAN LANE DR			
#408 KEY BISCAYNE FL 33149		KEY BISCAYNE FL 33	149	3. Date Incorporated or Qualified 05/15/1986	3a. Date of Last Report 05/01/1995
2. Principal Place	of Business	2a. Mailing Address		4. FEI Number	Applied For
1150 Sou		26 P.O. BOX	491164	NOT APPLICABLE	Not Applicable
Suite, Apt. #, et	tc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	RATION, FLA	City & State  28	~~~·~·~~	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	29 33149-1164	Country J. S. A.	This corporation has liability for in Florida Statutes  Yes	ntangible tax under si 199.032, - FT No
33432	25   U.J. ft. g. Name and Address of Curr		30 21.4.17.	10. Name and Address of New Ri	
	g. Maine and Address of Con-	bill nogistered right.	81 Name		
VALENTIAL	I, MORELLA		82 Street Addr	ress (P.O. Box Number is Not Acceptabl	e)
	N LANE DR		5 Street Addi	655 (16)	
#408			83		
	AYNE FL 33149		84 City		85 Zip Code
•				ration submits this statement for the pur	FL 00 Expression to registered office
or registered familiar with, a	agent, or both, in the State of Fit and accept the obligations of, So	orida. Such change was authoric ection 607.0505, Florida Statute:	S.	and of directors. Thirdey accept the appro-	
Sign	nature, typed or printed name of registered ag	,	OTE: Registered Agent signature require	ad when reinstaling)  ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
12.		AND DIRECTORS	13.	ADDITIONS/CITANGES TO OTT	Change Addition
TITLE	PD Valentini, morella	L beech	1.2 NAME		
NAME STREET ADDRESS	177 OCEAN LANE DR. #4	108	1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL		1.4 CHY-SI-ZIP		
TITLE	D	☐ DELETE	2 1 TiTLE		Change Addition
NAME	VALENTINI, BARBARA		2.2 NAME		
STREET ADDRESS	177 OCEAN LANE DR #4	08	2.3 STREET ADDRESS		
CITY-S1-ZIP	KEY BISCAYNE FL		2 4 CITY - ST - ZIP		Change Addition
TITLE		DELETE	3 1 TITLE		
NAME			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS			3.4 CITY - ST ZIP		
CITY-ST-ZIP TITLE		[] DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		<u></u>	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-SI-ZIP			4.4 C(1Y-ST-Z)P		
TITLE		☐ DELETE	5 1 THLE		Change Addition
NAME			52 NAME	2000018 -05/07/9601	1011 <i>2</i> 027010
STREET ADDRESS			5.3 STREET ADDRESS	***200.00	territoria. El Sur de Sur
CITY-S1-ZIP		☐ DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE			6. 1 TIFLE 62 NAME		
NAME			6.3 STREET ADDRESS		
			DIS STREET AUDITESS		
STREET ADDRESS			EARLY CT. 710		
STREET ADDRESS	certify that the information suppl	lied with this flying is volvitarily fu	6.4 CITY-ST-7IP irnished and does not qualify	y for the exemption stated in Section 119 irate and that my signature shall have to this report as required by Chapter 607, F	9.07(3)(k), Florida Statutes. I further

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytinie Phone #