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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE
Sandra B. Mocham

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M43239

1, Corporation Name
BBCO, INC.

(6)

Mailing Address

FILED Apr 29 1997 8:00am Secretary of State



JAMERSON SUTTON & SURLAS, P.A. 2655 LE JEUNE ROAD, PH.II CORAL GABLES EL 33134 US		JAMERSON, BUTTON & SUBLAS. P.A. 2655 LE JEUNE ROAD, PH.II CORAL GABLES FL 83134-5832 US		3, Date Incorporated or Qualified 12/10/1986	3a. Date of Last Floport 06/21/1996
2. Principal Place of Business Jamerson Sutton Surlas &		28, Mailing Address Jamerson Sutton Surlas &		4. FEI Number	Applied For
2) Mullin	LLP	Mullin J.J.P.		59-2834222	Not Applicable
Sulte, Apt. #, etc. 22 2655 Le Jeune Road, PH-II		27 2655 Le Jeune Road, PH-II		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
	Gables, FL	28 Coral Gables		Trust Fund Contribution	Added to Fees
Zip 24 33134	Country 25 USA	Zip 29 33134 3	Country USA	8. This corporation has liability for i	ntangible tax under s. 199.032, Yes D No
24 33134	9. Name and Addless of Current		USA	10. Name and Address of New Re	
JAM	ERSON, SUPPON & SURLA P			L. Jamerson, Jr., P.	Α.
PEN	THOUSE IL			ress (P.O. Box Number is Not Acceptab Le Jeune Road	io)
COF	VAL GABLES FL 33134		83 Pentho	ouse II	
(* /			84 City	Gables	FL 85 Zip Code 33134
11. Pursuant office or r	to the provisions of Sections 602 6502 egistered agent, or both, in the State m tamiliar with, and accept the obliga-	and 607.1508, Florida Statutes LEforida, Such change was au joris 01. Section 507.0505, Flori	the above-named corpora thorized by the corpora da Statules	poration submits this statement for the pilion's board of directors. I hereby accept	urpose of changing its registered if the appointment as registered
SIGNATURE	X Deers	and file if applicable (NO1):	Pagestered Agent signature requi	4/21/	7 7 DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PAS	DELETE	1 1 THUE		☐ Change ☐ Addition
NAME	BOEGER, RICARDO		1.2 NAME		
STREET ADDRESS	2655 LE JEUNE RD. PH.II		13 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL VPS	Libriere	1.4 CITY-ST-ZIP		D Observe D Address
TITLE NAME	BOGER, PABLO	☐ DELETE	21 TITLE 22 NAME		Change Addition
STREET ADDRESS	2655 LE JEUNE RD. PH.II		23 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		2. 4 CITY-ST-7IP		
TITLE		☐ DELFTE	3.1 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3 4. City-St-ZIP		Ohace Lagre
TITLE NAME		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY-ST-ZIP		
TITLE		DELETE	5.1 TiTLE		Change Addition
NAME			5.2 NAME		-
STREET ADDRESS			5.9 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 THILE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CiTY - ST- 7/P		ļ.

I do 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 armumereport 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 of the receiver or distance empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or in an attribution that my name appears in Block 12 or Block 13 if chapter, or in an attribution that my name appears in Block 12 or Block 13 if chapter, or in an attribution to the corporation of the