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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

M43239

(6)

BBCO, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address JAMERSON SUTTON SURLAS & MULLIN. LLP JAMERSON SUTTON SURLAS & MULLIN. LLP 2655 LE JEUNE RD., PH-II 2655 LE JEUNE RD., PH-II DO NOT WRITE IN THIS SPACE CORAL GABLES FL 33134 CORAL GABLES FL 33134 3. Date Incorporated or Qualified 12/10/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2834222 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 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 or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JAMERSON, ROBERT L JR. 2655 LE JEUNE RD **B2** Street Address (P.O. Box Number is Not Acceptable) PH II 83 CORAL GABLES FL 33134 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PAS DELETE Addition Change TITLE 1.17ITLE **BO**EGER, RICARDO NAME 1.2 NAME CR2E034 2655 LE JEUNE RD. PH.II STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 1.4 City-St-ZiP DELETE Change Addition 2.1 TITLE NAME **BOGER, PABLO** 2.2 NAME 2655 LE JEUNE RD. PH.II STREET ADDRESS 2.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 C(1Y-ST-ZIP

14. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or trustee impowered 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 attach lent with an address.