

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

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90146 044 ***150.00

0254805

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # M68349

1. Corporation Name
BIGHAM'S INT'L. CORP.

Principal Place of Business
10852 S.W. 88TH STREET
APT. 2-121
MIAMI FL 33176

Mailing Address
10852 S.W. 88TH STREET
APT. 2-121
MIAMI FL 33176



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/03/1988 -	Applied For Not Applicable
4. FEI Number 65-0031377	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent MARTINEZ, BLANCA DE 10852 S.W. 88TH STREET APARTMENT 2-121 MIAMI FL 33176

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																				
<table><tr><td>TITLE</td><td>DP</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>MARTINEZ, BLANCA DE</td><td></td></tr><tr><td>STREET ADDRESS</td><td>10852 SW 88TH ST AP 2-121</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI FL</td><td></td></tr></table>	TITLE	DP	<input type="checkbox"/> DELETE	NAME	MARTINEZ, BLANCA DE		STREET ADDRESS	10852 SW 88TH ST AP 2-121		CITY-ST-ZIP	MIAMI FL		<table><tr><td>1.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>1.2 NAME</td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td></td></tr><tr><td>1.4 CITY-ST-ZIP</td><td></td></tr></table>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
TITLE	DP	<input type="checkbox"/> DELETE																			
NAME	MARTINEZ, BLANCA DE																				
STREET ADDRESS	10852 SW 88TH ST AP 2-121																				
CITY-ST-ZIP	MIAMI FL																				
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
1.2 NAME																					
1.3 STREET ADDRESS																					
1.4 CITY-ST-ZIP																					
<table><tr><td>TITLE</td><td>DST</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>MARTINEZ, HECTOR</td><td></td></tr><tr><td>STREET ADDRESS</td><td>10852 SW 88TH ST AP 2-121</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI FL</td><td></td></tr></table>	TITLE	DST	<input type="checkbox"/> DELETE	NAME	MARTINEZ, HECTOR		STREET ADDRESS	10852 SW 88TH ST AP 2-121		CITY-ST-ZIP	MIAMI FL		<table><tr><td>2.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>2.2 NAME</td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td></td></tr><tr><td>2.4 CITY-ST-ZIP</td><td></td></tr></table>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE	DST	<input type="checkbox"/> DELETE																			
NAME	MARTINEZ, HECTOR																				
STREET ADDRESS	10852 SW 88TH ST AP 2-121																				
CITY-ST-ZIP	MIAMI FL																				
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
2.2 NAME																					
2.3 STREET ADDRESS																					
2.4 CITY-ST-ZIP																					
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>3.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>3.2 NAME</td><td></td></tr><tr><td>3.3 STREET ADDRESS</td><td></td></tr><tr><td>3.4 CITY-ST-ZIP</td><td></td></tr></table>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE																			
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
3.2 NAME																					
3.3 STREET ADDRESS																					
3.4 CITY-ST-ZIP																					
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>4.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>4.2 NAME</td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td></td></tr><tr><td>4.4 CITY-ST-ZIP</td><td></td></tr></table>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE																			
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
4.2 NAME																					
4.3 STREET ADDRESS																					
4.4 CITY-ST-ZIP																					
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>5.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>5.2 NAME</td><td></td></tr><tr><td>5.3 STREET ADDRESS</td><td></td></tr><tr><td>5.4 CITY-ST-ZIP</td><td></td></tr></table>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE																			
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
5.2 NAME																					
5.3 STREET ADDRESS																					
5.4 CITY-ST-ZIP																					
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>6.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>6.2 NAME</td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td></tr><tr><td>6.4 CITY-ST-ZIP</td><td></td></tr></table>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE																			
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
6.2 NAME																					
6.3 STREET ADDRESS																					
6.4 CITY-ST-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 attachment with an address, with all other like empowered.

SIGNATURE: Blanca De Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-02-99 305-595-2461
Date Daytime Phone #

CR2E034 (1/98)