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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FILED

Jan 30, 1999 8:00am

Secretary of State

01-30-1999 90007 037 ***158.75

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M87018

Corporation Name

Principal Place of Business

TREET ADDRESS

SIGNATURE:

CB BOVENKAMP, INC.

9000 SW 152N	D ST		W 152ND ST										
206: Miami FL 33157			206 MIAMI FL 33157					DO NOT WRITE IN THIS SPACE					
JS .		US	1 2 00107					late Incorporated	or Qualifed				
.			- 					6/20/1988					
2. Principal P	lace of Business	2a. Ma	iling Address					El Number			A	oplied For	
1 4	•	26				6	65 - 0063525	,	:	No.	ot Applicable		
: Suite, Apt.	#, etc.	Sui	Suite, Apt. #, etc.					antiforto of Status	Dooired		\$8.75	Additional	
∄		27	27				, 5. C	ertifcate of Status	Desired	E	Fee Ro	equired	
i City & State			City & State				6. FI	lection Campaign	Financino		\$5.00	May Be	
		28	28					Trust Fund Contribution Added to Fees					
Zip	Country		Zip Country					8. This corporation owes the current year Intangible					
H ₹**	25		30		,			Personal Property Tax.					
41		29		30				lame and Addres		egistered			
111	9. Name and Address of Current		a Agent		81	Name	10, 14	iaille allu Audie:	55 UI NUW 1	egistered	Agent.		
CDI	SONINO, RICHARD A				"	Name							
					82	Street A	Address (P.O	. Box Number is	Not Accepta	ıble)			
	O SW 27TH AVE.						•			<u> </u>		المراجع والمحاجم	
MIA	MI FL 33135				83			1			1.1.11数的数		
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	•				84	City		7		_ CI	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1	508, Florida Statu	tes, the	above	named c	corporation s	ubmits this stater	nent for the	purpose of	changing its	registered	
office or a	egistered agent, or both, in the State of familiar with, and accept the obligation	f Florida. S	Such change was a	iuthonze	d by t	he corpor	eration's boar	rd of directors. I h	ereby accer	t the appoi	ntment as re	egisterea	
SIGNATURE		***						•			•	·	
11 1.	Signature, typed or printed name of registered agent					signature req		stating) DITIONS/CHANG	CEC TO OF	DATE	ID DIDECTO	NDC IN 12	
12. (OFFICERS AND	DIRECTO		13			AU	IDITIONS/CHAIN	3E3 10 0F	FICERS AF	Change	Addition	
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HF -4 STREET ADORESS			•	5.3 9	TREET	ADDRESS			•	.:	•		
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4. I hereby certify that the information supplied with this filing opes 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or or a stachment with an address, with all other like empowered. (305) 233-4438 1-15-99