FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

N95000001807 (5) DOCUMENT #

BETTER JUSTICE BUREAU, INC.

Principal Place of Business Mailing Address 6175 NW 153 ST #121 6175 NW 153 ST #121 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014-2435 US 3. Date Incorporated or Qualified 04/10/1995 3a. Date of Last Report 05/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For NOT APPLICABLE 26 Not Applicable 21 Suite, Suite, Apt. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 26 Trust Fund Contribution Added to Fees 23 Country Country Zip Zip This corporation has liability for intangible tax under s. 199.032, ☐ Yes ♣ No Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BENSON, MARK 82 Street Address (P.O. Box Number is Not Acceptable) 6175 NW 153 ST #121 83 MIAMI LAKES FL 33014 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 objigations of, Section 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DELETE Change Addition 1.1 TITLE TITLE DALMAU, RICHARD M 1.2 NAME NAME 7436 SW 17 AVENUE #219 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33183** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE TITLE BENSON, MARK 22 NAME NAME 6175 NW 153 6175 SW 153 ST #121 STREET ADDRESS 2.3 STREET ADDRESS MIAMI LAKES FL 33014 2.4 CITY - ST-ZIP CITY - ST - ZIP DELETE 3.1 TITLE Addition TITLE FONSECA, TONY 3.2 NAME NAME 1844 NW 124 AVENUE 3.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33071** 3.4. CITY-ST-ZIP DITY-ST-ZIF DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5 1 TITLE TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-7P

14. If 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 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 on the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

on an attachment with an ad-

SIGNATURE:

appears in Block 12 or Block 13.

APRIL 1,1997

96/6

FILED

Mar 31 1997 8:00am

Secretary of State