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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000004096 (2) DOCUMENT #

B.J.B. MANAGEMENT, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
10701 SW 216TH STREET 10701 SW 216TH STREET MIAMI FL 33170 MIAMI FL 33170			T			
MINIMI FE 331	,,,	MINIMI IE SOLIO	MICHIEL COLLA			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						01/13/1993
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26				NOT APPLICABLE Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State	•	City & State	<u>}</u> ¬ ′			6. Election Campaign Financing \$5.00 May Be
23		28	Zip Country			Trust Fund Contribution
Zip	Country	Zip		ii iii y		8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No
24	25 9. Name and Address of Curre	29	30			10. Name and Address of New Registered Agent
		int (to Bistoron v. Hanz		81	Name	
	NNER, GOLLIE H					
	701 SW 216TH STREET		[4		Street Ac	ddress (P.O. Box Number is Not Acceptable)
	Y 16		ŀ		·	
Mi	AMI FL 33170					
				84	City	FL 85 Zip Code
11 Durement	to the provisions of Sections 607.05	02 and 607 1508. Florida Statut	es the al	hove	e-pamed c	oungration submits this statement for the purpose of changing its registered
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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typod or printed name of registured agent and title it applicable. [NOTE: Registered Agent signature required when relinstating) DATE						
12.		ND DIRECTORS	13.	<u>-</u>		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TOTA			☐ Change ☐ Addition
NAME	BONNER, GOLLIE H		1.2 N	AME		
STREET ADDRESS	l and and an am		1.3 \$7	REET	ADDRESS	·
CITY-ST-ZIP	MIAMI FL 33190 1.40		TY-S	ST-ZIP		
TITLE	DVT DELETE 2.1 T		TLE		☐ Change ☐ Addition	
NAME	BONNER, BETTY J 22N		AME			
STREET ADDRESS	4444 444 444 444		2.3 \$1	2.3 STREET ADDRESS		
CITY-ST-ZIP	43444 F) 49499		2.40	2. 4 City-St-ZiP		
TITLE			3.1 TI	TLE		Change Addition
NAME	ļ		3.2 N	3.2 NAME		
STREET ADDRESS	EET ADDRESS		3.3 STREET ADDRESS		ADDRESS	• 1
CITY-ST-ZIP			3.4. CITY-ST-ZIP		ST-ZIP	
TITLE	DELETE 4.1		4.1 TI	TLE		Change Addition
NAME			4. 2 N	(AME		
STREET ADDRESS			4.3 S	TREET	ADDRESS	,
CITY-ST-ZIP			4.4 CI	ITY - S	ST-ZIP	
TITLE	DELETE 5.11		TLE	-	Change Addition	
NAME			5.2 N	AME	-	
STREET ADDRESS	ESS 5.:		5.3 S	TREET	T ADDRESS	
CITY-ST-ZIP	5.4		5.4 C	4 CITY-ST-ZIP		
TITLE	DELETE 6.1		6.1 TI	1 TITLE		☐ Change ☐ Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 S	TREET	ADDRESS	
CITY ST-7IP			6.4 C	ITY-S	ST - ZIP	
14. I hereby o	ertify that the information supplied	with this filing does not qualify f	or the ex	emp	tion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information

of accurate and that my signature shall have the same legal effect as if made under oath; that I am an ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed or