

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

02/92/13

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000019323

1. Corporation Name
B.B. MANAGEMENT CORP.

Principal Place of Business
PACKMAN NEUWAHL ET AL
1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES FL 33146

Mailing Address
PACKMAN NEUWAHL ET AL
1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES FL 33146

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box No.)

83

84 City

30

3. Date Incorporated or Qualified

03/15/1993

4. FEE Number

65-0394007

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

[] Yes [] No

10. Name and Address of New Registered Agent

200002826022--0

-04/01/99--01036--014

****150.00 ****150.00

FL 85 Zip Code

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and filed applicable

(Print) Registered Agent Signature, typed or printed name

(Print)

12. OFFICERS AND DIRECTORS

TITLE PS
NAME FINNIGAN, BRETT
STREET ADDRESS 55 - 59 SHAFTESBURY AVENUE
CITY-ST-ZIP LONDON

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [] Change [] Addition

12 NAME [] Change [] Addition

13 STREET ADDRESS [] Change [] Addition

14 CITY-ST-ZIP [] Change [] Addition

15 TITLE [] Change [] Addition

16 NAME [] Change [] Addition

17 STREET ADDRESS [] Change [] Addition

18 CITY-ST-ZIP [] Change [] Addition

19 TITLE [] Change [] Addition

20 NAME [] Change [] Addition

21 STREET ADDRESS [] Change [] Addition

22 CITY-ST-ZIP [] Change [] Addition

23 TITLE [] Change [] Addition

24 NAME [] Change [] Addition

25 STREET ADDRESS [] Change [] Addition

26 CITY-ST-ZIP [] Change [] Addition

27 TITLE [] Change [] Addition

28 NAME [] Change [] Addition

29 STREET ADDRESS [] Change [] Addition

30 CITY-ST-ZIP [] Change [] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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 Section 607.0505, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99

Register No. 100

CR2E034 (11/98)

FILED

99 MAR 23 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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