

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Northing
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 10:08

DOCUMENT # P93000033506 (5)

1. Corporation Name

B.M.M. ENTERPRISES, CORPORATION

Principal Place of Business

1790 W 49 ST
SUITE 401
HALEAH FL 33012

Mailing Address

1790 W 49 ST
SUITE 401
HALEAH FL 33012

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/07/1993

3a. Date of Last Report
10/31/1994

4. FEI Number
65-0407499

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 has liability ☒ intangible tax under S. 190.032,
Florida Statutes ☒ Yes ☐ 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

CASTRO, ROBERTO E
5620 MCKINLEY ST
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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 hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required Agent and Use if Applicable)

NOTE: Registered Agent signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME
CASTRO, ROBERTO E
12.2 STREET ADDRESS
5620 MCKINLEY ST
12.3 CITY - ST - ZIP
HOLLYWOOD FL 33021

12.4 TITLE

12.5 NAME

12.6 STREET ADDRESS

12.7 CITY - ST - ZIP

12.8 TITLE

12.9 NAME

12.10 STREET ADDRESS

12.11 CITY - ST - ZIP

12.12 TITLE

12.13 NAME

12.14 STREET ADDRESS

12.15 CITY - ST - ZIP

12.16 TITLE

12.17 NAME

12.18 STREET ADDRESS

12.19 CITY - ST - ZIP

12.20 TITLE

12.21 NAME

12.22 STREET ADDRESS

12.23 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY - ST - ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY - ST - ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY - ST - ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY - ST - ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY - ST - ZIP

14. I, the undersigned, certify that the information set forth in this report is true and correct, and that I am a duly qualified and duly authorized officer or director of the corporation, and that I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. I further certify that the information set forth in this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am a duly qualified and duly authorized officer or director of the corporation, and that I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERTO E. CASTRO

3/14/95 (205) 824-1190