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FILED

May 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000033506 (5)

1. Corporation Name

**B.M.M. ENTERPRISES CORPORATION**

Principal Place of Business

Mailing Address

**1790 W 49 ST STE 410 "Same"  
HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10-31-94**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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30

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASTRO, ROBERTO E  
877 LA PALOMA RD.  
KEY LARGO FL 33037-0219**

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 or Director (if applicable)

(If Not Registered Agent, signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D P S**  
NAME **CASTRO, ROBERTO E**  
STREET ADDRESS **877 LA PALOMA RD.**  
CITY-ST-ZIP **KEY LARGO FL 33037-0219**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
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14. I 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 simplified 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 Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, and that I am on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4 20 98**

**(305) 824-1190**

CR2E034 (10/97)