CR2E034 (11/98)

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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P0300068597

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90011 013 ***150.00

BAL-ROD ENTERPRISES, INC.							
Principal Place of Business Mailing Address							
6840 S.W. 145 TERRACE 6840 S.W. 145 TERRACE							
MIAMI FL 33158 MIAMI FL 33158 US US					DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualifed		
					09/27/1993		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ar	plied For
21 26					65-0448424		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired -	\$8.75 / Fee Re	Additional equired
City & State City & State					6 Election Campaign Financing \$5.00 Ma		May Be
23		28			Trust Fund Contribution Added to Fees		
Zip	Country Zip		Country		8. This corporation owes the current year	ar Intangible	
24			30		Personal Property Tax.	Yes	□ No
	9. Name and Address of Curren	t Registered Agent	8-	41 Nana	10. Name and Address of New Registe	red Agent	_
GOL	DMAN, MARC L		ľ°	1 Name			
9980 SOUTHWEST 83RD AVENUE MIAMI FL 33156			82	Street Add	ress (P.O. Box Number is Not Acceptable)		<u></u>
			83	3			
			84	4 City		85 Zip (Code
						FL	
office or r	to the provisions of Sections 607.050: egistered agent, or both, in the State im familiar with, and accept the obligat	of Florida. Such change was	authorized by	y the corporati	poration submits this statement for the purposion's board of directors. I hereby accept the a	e of changing its ppointment as re	registered gistered
SIGNATURE					ed when reinstating) DAT		
12.	Signature, typed or printed name of registered agen	ID DIRECTORS	13,	int signature require	ad when reinstating) DAT ADDITIONS/CHANGES TO OFFICER	**	RS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	BALSINDE, SERGIO	SINDE, SERGIO					
STREET ADDRESS			1.3 STREE	ETADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-1	ST-ZIP			
TITLE	VTD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	RODRIGUEZ, EDILBERTO	ERTO 22					
STREET ADDRESS	4933 NW 103RD AVE		2.3 STREE	ET ADDRESS .			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE	DELETE		3.1 TITLE	Ì		☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS				ET ADDRESS	•		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP		☐ Change	Addition
NAME		□ beceie	4.1 MEE				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5				
TITLE		☐ DÉLETE	5.1 TITLE	71-231		☐ Change	Addition
NAME			5.2 NAME	•	•		_
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME	- 1			
STREET ADDRESS			6.3 STREE	TADDRESS			

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 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 Chapter 607, 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:

SENCE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/19

335-331-0205 Oavtime Phone #