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

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000072124 (9)**

1. Corporate Name

**B B P INVESTMENT CO.**

Principal Place of Business

**6850 CORAL WAY #504**
**MIAMI FL 33155**

Mailing Address

**6850 CORAL WAY #504**
**MIAMI FL 33155**

3. Date Incorporated or Qualified: **10/18/1993**

3a. Date of Last Report: **01/31/1995**

2. Principal Place of Business
21
22 State, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 State, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: **65-0442459** ☐ 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 for intangible tax under s. 199.032 Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MENDEZ, EDUARDO J**
**6850 CORAL WAY #504**
**MIAMI FL**

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 Section 607.0501 and 617.1501, 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. The above 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

Name of New Registered Agent (if changing) DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| 1 TITLE | DP | ☐ DELETE |
| 1 NAME | BORREGO, MARTA G | |
| 1 STREET ADDRESS | 1940 NW 16TH TER #F105 | |
| 1 CITY-ST-ZIP | MIAMI FL | |
| 2 TITLE | DS | ☐ DELETE |
| 2 NAME | PEREZ, ROSA A | |
| 2 STREET ADDRESS | 1864 NW 6TH ST | |
| 2 CITY-ST-ZIP | MIAMI FL | |
| 3 TITLE | DV | ☐ DELETE |
| 3 NAME | BARREIRO, JUAN A | |
| 3 STREET ADDRESS | 1325 SW 1ST ST | |
| 3 CITY-ST-ZIP | MIAMI FL | |
| 4 TITLE | DT | ☐ DELETE |
| 4 NAME | MENDEZ, EDUARDO J | |
| 4 STREET ADDRESS | 6850 CORAL WAY #504 | |
| 4 CITY-ST-ZIP | MIAMI FL | |
| 5 TITLE | | ☐ DELETE |
| 5 NAME | | |
| 5 STREET ADDRESS | | |
| 5 CITY-ST-ZIP | | |
| 6 TITLE | | ☐ DELETE |
| 6 NAME | | |
| 6 STREET ADDRESS | | |
| 6 CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1 TITLE | ☐ Change | ☐ Addition |
| 1 NAME | | |
| 1 STREET ADDRESS | | |
| 1 CITY-ST-ZIP | | |
| 2 TITLE | ☐ Change | ☐ Addition |
| 2 NAME | | |
| 2 STREET ADDRESS | | |
| 2 CITY-ST-ZIP | | |
| 3 TITLE | ☐ Change | ☐ Addition |
| 3 NAME | | |
| 3 STREET ADDRESS | | |
| 3 CITY-ST-ZIP | | |
| 4 TITLE | ☐ Change | ☐ Addition |
| 4 NAME | | |
| 4 STREET ADDRESS | | |
| 4 CITY-ST-ZIP | | |
| 5 TITLE | ☐ Change | ☐ Addition |
| 5 NAME | | |
| 5 STREET ADDRESS | | |
| 5 CITY-ST-ZIP | | |
| 6 TITLE | ☐ Change | ☐ Addition |
| 6 NAME | | |
| 6 STREET ADDRESS | | |
| 6 CITY-ST-ZIP | | |

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing is accurately transcribed and 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 with an address, with an asterisk.

**SIGNATURE:** Rosa A. Perez ROSA A. PEREZ 2/7/96 (305) 665-8887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #