

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000079009 (5)

1. Corporation Name

BABY BEAR INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

**2759 CORAL WAY
MIAMI FL 33145**

Mailing Address

**2759 CORAL WAY
MIAMI FL 33145**

3. Date Incorporated or Qualified

11/16/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FBI Number

65-0448580

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. 190.032,
Florida Statutes

☒ Yes ☐ No

24

Country

28

Country

30

9. Name and Address of Current Registered Agent

**BATLLE, ROSA
1180 S.W. 22ND TERRACE
MIAMI FL 33129**

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 (typed or printed name of registered agent and the if applicable)

(a)(11) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

NAME

**PD
BATLLE, ROSA
1180 S.W. 22ND TERR
MIAMI FL 33129**

STREET ADDRESS

CITY ST ZIP

NAME

**VD
BATLLE, CARLOS
1180 S.W. 22ND TERR
MIAMI FL 33129**

STREET ADDRESS

CITY ST ZIP

NAME

**SD
O'DELL, ROSA B
1180 S.W. 22ND TERR
MIAMI FL 33129**

STREET ADDRESS

CITY ST ZIP

NAME

**TD
O'DELL, DENNIS
1180 S.W. 22ND TERR
MIAMI FL 33129**

STREET ADDRESS

CITY ST ZIP

NAME

STREET ADDRESS

CITY ST ZIP

NAME

STREET ADDRESS

CITY ST ZIP

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rosa Battle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSA BATTLE

4-17-95

(305) 446-7293