## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000079009

1. Corporation Name

BABY BEAR INC.

## Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90001 038 \*\*\*150.00

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					- I INDIANON ISA KOSOO ISIIS OOSII ABIIS	SAMM MERIL ERI	TIM HAITI MAI	ils 88148 1811 1884
Principal Place		Mailing Address						
2759 CORAL W MIAMI FL 33145		2759 CORAL WAY MIAMI FL 33145			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		***************************************	
	•				11/16/1993			
2. Principal Pl	lace of Business	2a. Mailing Address	_		4. FEI Number		$\Box I$	Applied For
	CEANDON Blud.	26 260 CRAN.	DON	Blvd.	65-0448590		1	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		<u></u>			\$8.75	Additional
22 #	H1 - 1 Carres	27 #41	~~· '		5. Certificate of Status Desired		Fee F	Required
City & State	e	City & State	_		6. Election Campaign Financing	П	\$5.00	<b>0</b> Мау Ве
23 Key	Biscaynel	28 Key Biscay	ne	H.	Trust Fund Contribution	<u> </u>	Added	d to Fees
Zip	Country	Zip	Country		8. This corporation owes the current	-		_
24 331	49 25 DADE	29 33/4 9 30	_ D	ADE	Personal Property Tax.		∐ Yes	No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered A	gent	
			81	Name				
	LLE, ROSA		82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
1	S.W. 22ND TERRACE							
j MIAN	MI FL 33129		83					
			84	City			85 Zir	Code
	بيه بريواد ايد بيد		1	1		<u>FL</u>		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	t Florida. Such change was autho	rizea ov	the corporatio	oration submits this statement for the p on's board of directors. I hereby accept	urpose of c the appoint	nanging i ment as i	its registered registered
SIGNATURE		ANOTE: Dea	interest Acon	nt signature required	duchan (Ainstatina)	DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	III SIGNALLIO POGGIOL	ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12
TITLE	PD OF FICE AND	DELETE	1,1 TITLE				☐ Change	
NAME	BATLLE, ROSA	_	1,2 NAME					
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP	MIAMI FL 33129		1,4 CITY-S	4				
TITLE	VD	☐ DELETE	2.1 TITLE				☐ Chang	e Addition
NAME	BATLLE, CARLOS	_	2.2 NAME					
STREET ADDRESS	1180 S.W. 22ND TERR			TADDRESS				
1	MIAMI FL 33129		2.4 CITY-5		, <u></u>			
CITY-ST-ZIP	SD SD	☐ DELETE	3.1 TITLE				☐ Change	e Addition
NAME	O'DELL. ROSA B	_	3.2 NAME					
STREET ADDRESS	1180 S.W. 22ND TERR			TADDRESS				
1	MIAMI FL 33129		3.4. CITY-5					
CITY-ST-ZIP	TD	☐ DELETE	4.1 TITLE				Change	e 🔲 Addition
NAME	O'DELL, DENNIS		4, 2 NAME					
STREET ADDRESS	LIAN ALL BALLS TERR			T ADDRESS				
1	MIAMI FL 33129		4,4 CITY-S	1				
CITY-ST-ZIP TITLE	HINTIN I C GOILE	☐ DELETE	5.1 TITLE				Chang	e 🗌 Addition
NAME		-	5.2 NAME					
STREET ADDRESS	[· .			TADDRESS				
1			5.4 CITY-S					
TITLE		DELETE	6.1 TITLE		45 April 1980		☐ Chang	e Addition
	· ·		6.2 NAME				_	
NAME				T ADDRESS				
STREET ADDRESS	1		3.0 3 MCE		•			

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:

(305)361-2732