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 # **P93000088419**1. Corporation Name

BILANA, INC.

Principal Place of Business 891 W COMMERCIAL BLVD FT LAUDERDALE FL

Mailing Address

891 W COMMERCIAL BLVD FT LAUDERDALE FL

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90263 023 ***150.00



DO NOT WRITE IN THIS SPACE

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				3. Date Incorporated or Qualifed 12/27/1993		
Place of Business	2a. Mailing Address			4. FEI Number	Appl	ied For
				65-0456507	Not	Applicable
t. #, etc.	Suite, Apt. #, etc.				\$8.75 Ad	Iditional
27				5. Certificate of Status Desired	Fee Req	uired
ate	City & State			6. Election Campaign Financing	\$5.00 M	lay Be
	28			Trust Fund Contribution	Added to	Fees
Country	Zip	ip Country				_
25	29	30		1 Cidental Froperty Tark		No
9. Name and Address of Currer	nt Registered Agent		AT -	10. Name and Address of New Registered A	gent	
-VORDUU OO DUU		١	Name			ļ
190 S. BELAIR DR. SUITE 101 PLANTATION FL 33317			82 Street Address (P.O. Box Number is Not Acceptable)			
			83			
			4 City		85 Zip Co	de
			1			
t to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	ites, the abo	ve-named corp	poration submits this statement for the purpose of closes beard of directors. I berefy accept the appoint	nanging its re	egistered stered
am familiar with, and accept the obligation	ations of, Section 607,0505, Flo	orida Statut	es.	on a board or directors. I hereby accept the appoint	mont as regi	10,000
<u>:</u>						
Signature, typed or printed name of registered age		<u>-</u>	jent signature require			
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		1.2 NAM	Ε			
		1.3 STRI	ET ADDRESS			ļ
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PLANTATION FL						
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t. a S S S S S S S S S S S S S S S S S S	Country 25 9. Name and Address of Curre EXOPDULOS BILL S. BELAIR DR. TE 101 INTATION FL 33317 It to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the obligi Signature, typed or printed name of registered age OFFICERS AI PD ALEXOPOULOS, BILL 190 S. BELAIR DR. PLANTATION FL VD ALEXOPOULOS, LANA 190 S. BELAIR DR. PLANTATION FL	#, etc. Suite, Apt. #, etc. Ite City & State Country Zip 25 29 9. Name and Address of Current Registered Agent EXOPDULOS BILL S. BELAIR DR. TE 101 INTATION FL 33317 It to the provisions of Sections 607.0502 and 607.1508, Florida Stature; sistered agent, or both, in the State of Florida. Such change was am familiar with, and accept the obligations of, Section 607.0505, Florida Stature; signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS PD	#, etc. Suite, Apt. #, etc. City & State 28 Country Zip Zip Country Zip Country Zip Country Zip Country Zip Zip Country Zip Zip Country Zip Zip Country Zip Country Zip Zip Zip Zip Zip Zip Zip Zi	te City & State Country Zip Country 28 Country Zip Country 29 30 9. Name and Address of Current Registered Agent EXOPDULOS BILL S. BELAIR DR. TE 101 INTATION FL 33317 It to the provisions of Sections 607.0502 and 507.1508, Florida Statutes, the above-named corpregistered agent, or both, in the State of Florida. Such change was authorized by the corporate am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require OFFICERS AND DIRECTORS PD ALEXOPOULOS, BILL 190 S. BELAIR DR. PLANTATION FL VO ALEXOPOULOS, LANA 190 S. BELAIR DR. PLANTATION FL DELETE 1.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP DELETE 3.1 TITLE 4.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 5.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	3. Date incorporated or Qualified 12/27/1993 22. Mailing Address 4. FEI Number 65-0456507 22. Suite, Apl. #, etc. 5. Certificate of Status Desired 65-0456507 32. Country 2/2p 5. Country 8. This corporation owes the current year infar Personal Property Tax. 1. Trust Fund Contribution 1. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 10. Name and Address of New Registered Agent Name 10. Name and Address of New Registered Agent Name 10. Name and Address of New Registered Agent Name 10. Name and Address of New Registered Agent Name 10. Name and Address of New Registered Agent Name 10. Name and Address of New Registered Agent Name 10. Name 10. Name and Address of New Registered Agent Name 10. Na	Place of Business

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 other like empowered.

SIGNATURE: