PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000021086

1. Corporation Name

B.F.P. ENTERPRISE CORP.

Principal Place of Business

Mailing Address

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90040 035 ***158.75



705 WEST FLAGLER ST. MIAMI FL 33130		705 WEST FLAGLER ST. Miami Fl 33130		DO NOT WRITE IN THIS SPACE				
			,	3. Date Incorporated or Qualifed 03/18/1994				
2. Principal Place of	Business	2a. Mailing Address		4. FEI Number 65-0477624	Applied For Not Applicable			
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	<u> </u>	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country 25	Zip Co	ountry	This corporation owes the current year In Personal Property Tax.	ntangible ☐ Yes ✓No			
9. 1	Name and Address of Cur	rrent Registered Agent	10. Name and Address of New Registered Agent					
	E Z, EDUARDO -		81 Name A 2	ss (P.O. Box Number is Not Acceptable)	la ce			
- MIAMI FL	33130 •		83					
	•		84 City 777	VAmi FL	85 Zip Code 33/93			
office or register	ed agent or both in the St	0502 and 607.1508, Florida Statutes, the ate of Florida Such change was authoriz ligations of, Section 607.0505, Florida St	above-named corpo	ration submits this statement for the purpose o 's board of directors. I hereby accept the appo	of changing its registered pintment as registered			

agent. I a	m familiar with, and accept the obligations of, So	ection 607.0505, Flori	da Statutes.			02/15/9	7 %
SIGNATURE	Signature, typed or printed name of registered agent and title if ap	oplicable. (NOTE:	Registered Agent signature	required when reinstating)	D	ATE	
12.	OFFICERS AND DIRECT	TORS	13.		CHANGES TO OFFICE		
TITLE	-PD→	DELETE	1.1 TITLE	P/D		Change	Addition
NAME	-FERNANDEZ, EDUARDO		1.2 NAME	ALIDA P	EREZ		
STREET ADDRESS	-705 WEST FLAGLER ST. #305 →		1.3 STREET ADDRESS	1770/ 5.1	N. 163 P.	958.	
CITY-ST-ZIP	MIAMI FL 33130 -		1.4 CITY-ST-ZIP	MIAMI	, FG. 3319		
πι∕Ε	-TSD	DELETE	2.1 TITLE	S / D	•	☐ Change	Addition
NAME	PEDRAJA, CARLOS A		2.2 NAME	TERE SA	V. 27 AYE FA. 33/	- ANT. 57)
STREET ADDRESS	+1821 S.W. 103 LANE →		2.3 STREET ADDRESS	444 5	W. 27445		- •
CITY-ST-ZIP	-MIAMI FL 33084		2. 4 CITY-ST-ZIP	miAmi,	FA.33/		
TITLE		☐ DELETE	3.1 TITLE	·		Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP		_		
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADORESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME.			5.2 NAME			·	
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP	·		5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS	1 g 4 196		6.3 STREET ADDRESS				
OTTY OT TID			6.4 CITY-ST-ZIP				

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: