

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

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1997 JUN 10 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~PROMPT~~
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000076024

1. Corporation Name

BIGA Corporation

Principal Place of Business

Mailing Address

615 W. 42nd Street
Miami Beach, Florida 33140

3. Date Incorporated or Qualified

October 17, 1994

3a. Date of Last Report

10/17/96

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

650530480

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

10. Name and Address of New Registered Agent

~~Corporation Information Services, Inc.
1201 Hayes Street
Tallahassee, Florida 32301~~

81 Name

Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

83

84 City

Tallahassee,

FL

85 Zip Code

32301

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P Madeleine Low
615 W 42 st
Miami, FL 33140

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V Paul Mosconi
615 W 42 st
Miami FL 3314

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VS Matthew Bernstein
1010 Northern Blvd # 302
Great Neck, NY 11021

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D David Bernstein
1010 Northern Blvd. # 302
Great Neck, NY 11021

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T Daniel Kane
23622 Calabases Rd # 333
Calabases, CA 91302

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

T Luis Meir
615 W 42 st
Miami, Florida 33140

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

600002207676-11-13
-06/10/97--01058--027
*****8.75

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

600002207676-11-13
-06/10/97--01058--028
*****165.00 *****165.00

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matthew Bernstein, Vice President 5/9/97 (305) 531-1818

Date

Daytime Phone #

CR2E034 (12/95)