

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000083400

1. Corporation Name

B&G PROPERTIES, INC.

Principal Place of Business

635 SW 200 TERRACE

PEMBROKE PINES FL 33029

Mailing Address

635 SW 200 TERRACE PEMBROKE PINES FL 33029

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90142 045 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

				11/10/1994	
2. Principal P	lace of Business	2a. Mailing Address	- 1.15	4. FEI Number	Applied For
21 1940	SW 126 AVE	26 1940 SW /	26 AVC	65-0532605	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	-	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 MIRA	MAR, FL	28 MIRAMAK, F	-6	Trust Fund Contribution	Added to Fees
Zip	Country / 15A	Zip	Country	8. This corporation owes the current year Inta	ngible
24 330	27 25 BBOWALD	29 33027 30	USA	Personal Property Tax.	∐Yes DeNo
	9. Name and Address of Current F	Registered Agent		10. Name and Address of New Registered A	\gent
GON	IZALEZ, GIRALDO A		81 Name	BROWER, NORMAN D.	
635 SW 200 TERRACE				Address (P.O. Box Number is Not Acceptable)	
	BROKE PINES FL 33029		83	140 SW 126 AVE	
	D.10,12 1 11120 1 2 00020		03		
			84 City	nieamae FL	85 Zip Code
		1007.4500 Ft-14- Ot-1-1-	//		33027
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 a	m familiar with/and accept the obligation	of, Section 607.0505, Florida	Statutes.	1	
SIGNATURE	Geralde AX		RALDO A.	GONZALEZ 4-	28-99
42	Signature, typed or printed name of registered agent an OFFICERS AND		gistered Agent signature re	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PST OFFICERS AND	DIRECTORS DELETE	1.1 TITLE	ADDITIONO/OF STRUCTURE TO STRUCTURE AN	Change Addition
	GONZALEZ, GIRALDO A	OLECTE	1.2 NAME		A
NAME	635 SW 200 TERRACE		1.3 STREET ADDRESS	370 S FLAMINGORD #252	
STREET ADDRESS				PEMBROKE PINES, FL 33027	
CITY-ST-ZIP	PEMBROKE PINES FL 33029 DV	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	PENIERUKE 1	☐ Change ☐ Addition
	- ·	□ bcctic	2.2 NAME		
NAME	BROWER, NORMAN D				
STREET ADDRESS	1940 SW 126TH AVE.		2.3 STREET ADORESS		
CITY-ST-ZIP	MIRAMAR FL 33027	☐ DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE			3.1 TITLE		Thousand
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		C) DETRIE	4.1 TITLE		
NAME	, ·		4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		(7) DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		
NAME			1		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		□ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE		☐ DELETE	1		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 C/TY-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 an attachment with an address, with all other like empowered.

SIGNATURE: