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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000091590 (7)

BRIDGEPORT INVESTMENTS, INC.

## **FILED** May 04 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address              |                                                |                                                                            |                                             |                                                       |                                                     |                             |                                           |                              |                                                                                  |                             |                           | 111 6411 1861               |
|----------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------|-----------------------------------------------------|-----------------------------|-------------------------------------------|------------------------------|----------------------------------------------------------------------------------|-----------------------------|---------------------------|-----------------------------|
| 7815 S.W. 63RD COURT<br>MIAMI FL 33143                   |                                                |                                                                            |                                             | 7815 S.W. B3RD COURT<br>Miami Fl 33143                |                                                     |                             |                                           |                              | DO NOT WRITE                                                                     | IN THIS S                   | PACE                      |                             |
|                                                          |                                                |                                                                            |                                             |                                                       |                                                     |                             |                                           |                              | 3. Date Incorporated or Qualified 12/20/1994                                     |                             |                           |                             |
| 2. Principal Place of Business                           |                                                |                                                                            |                                             | 2a. Mailing Address                                   |                                                     |                             |                                           |                              | 4. FEI Number Applied For                                                        |                             |                           | oplied For                  |
| 21                                                       |                                                |                                                                            |                                             | 26                                                    |                                                     |                             |                                           |                              | 65-0547477                                                                       |                             | No                        | ot Applicable               |
| Suite, Apl. #, etc.                                      |                                                |                                                                            |                                             | Suite, Apt. #, etc.                                   |                                                     |                             |                                           |                              | 5. Certificate of Status Desired                                                 |                             |                           | Additional<br>equired       |
| City & State                                             |                                                |                                                                            |                                             | City & State                                          |                                                     |                             |                                           |                              | Election Campaign Financing     Trust Fund Contribution                          |                             | \$5.00<br>Added           | May Be<br>to Fees           |
| Zip                                                      | Country                                        |                                                                            |                                             | Zip Country                                           |                                                     |                             | <b>y</b>                                  |                              | 8. This corporation owes or has paid the current year Intangible                 |                             |                           |                             |
| 24                                                       | 25 29 30                                       |                                                                            |                                             |                                                       |                                                     |                             | Personal Property Tax due June 30. Yes No |                              |                                                                                  |                             |                           | No                          |
| 9, Name and Address of Current Registered Agent          |                                                |                                                                            |                                             |                                                       |                                                     |                             |                                           |                              | 10. Name and Address of New Re                                                   | gistered A                  | gent                      |                             |
| GRAYSON, MOISES T                                        |                                                |                                                                            |                                             |                                                       |                                                     |                             | N                                         | lame                         |                                                                                  |                             |                           | ĺ                           |
| 25 S.E SECOND AVENUE<br>SUITE 730                        |                                                |                                                                            |                                             |                                                       |                                                     | 82                          | S                                         | treet Addres                 | dress (P.O. Box Number is Not Acceptable)                                        |                             |                           |                             |
| ML                                                       | AMI FL 331                                     | 31                                                                         |                                             |                                                       |                                                     | 83                          |                                           |                              |                                                                                  |                             |                           |                             |
|                                                          |                                                |                                                                            |                                             |                                                       |                                                     | 84                          |                                           | ity                          |                                                                                  | FL                          | -   ·                     | Code                        |
| 11. Pursuant<br>office or r<br>agent 1 a                 | to the provis<br>egistered ag<br>m familiar wi | ions of Sections 607.<br>Johl, or both, in the S<br>ith, and accept the ol | 0502 and 6<br>tate of Flori<br>bligations o | 607.1508, Florid<br>da Such chand<br>f, Section 607.0 | a Statutes, the<br>je was author<br>1505, Florida ( | e abov<br>ized b<br>Statute | e-na<br>y the<br>s.                       | amed corpor<br>e corporation | ration submits this statement for the pin's board of directors. I hereby accepts | ourpose of a<br>pt the appo | changing it<br>intment as | ts registered<br>registered |
| SIGNATURE                                                |                                                |                                                                            |                                             |                                                       |                                                     |                             |                                           |                              |                                                                                  |                             |                           | }                           |
|                                                          | Signature, typical                             | or printed name of registere                                               |                                             |                                                       |                                                     |                             | ent si                                    | gnature required             | when reinstating)                                                                | DATE                        |                           |                             |
| 12.                                                      | <u> </u>                                       | OFFICERS                                                                   | AND DIRE                                    | CTORS DEL                                             |                                                     | 3.                          |                                           |                              | ADDITIONS/CHANGES TO OFFIC                                                       |                             | DIRECTOR  Change          | S IN 12 Addition            |
| TITLE                                                    | _                                              | O ENDIQUE                                                                  |                                             | DEI                                                   |                                                     | 1 TITLE                     |                                           |                              |                                                                                  |                             |                           | L Addition                  |
| NAME CASUSO, ENRIQUE STREET ADDRESS 7815 S.W. 83RD COURT |                                                |                                                                            |                                             | 1.2 N                                                 |                                                     |                             |                                           |                              |                                                                                  |                             |                           |                             |
| MALE PLANTA                                              |                                                |                                                                            |                                             | 1.3 \$1                                               |                                                     |                             |                                           | ì                            |                                                                                  |                             |                           | 1                           |
| CITY-ST-ZIP<br>TITLE                                     | MINAMI                                         | L 00 140                                                                   |                                             | I DE                                                  |                                                     | 4 CITY - S<br>1 TITLE       | S1 - ZI                                   | <u> </u>                     |                                                                                  |                             | Change                    | Addition                    |
| NAME                                                     |                                                |                                                                            |                                             |                                                       | _                                                   |                             |                                           |                              |                                                                                  | '                           | T CHRUBE                  |                             |
|                                                          |                                                |                                                                            |                                             |                                                       |                                                     | 2 NAME                      |                                           | ,nr.00                       | •                                                                                |                             |                           |                             |
| STREET ADDRESS                                           |                                                |                                                                            |                                             |                                                       | - 1                                                 | 3 STREET                    |                                           | i                            |                                                                                  |                             |                           | ļ                           |
| CITY-ST-ZIP<br>TITLE                                     |                                                |                                                                            |                                             | ☐ DEI                                                 |                                                     | 4 CITY-<br>1 TITLE          | 51-2                                      | IP                           |                                                                                  |                             | Change                    | Addition                    |
| NAME                                                     |                                                |                                                                            |                                             |                                                       |                                                     | 2 NAME                      |                                           |                              |                                                                                  | '                           |                           |                             |
| STREET ADDRESS                                           |                                                |                                                                            |                                             |                                                       |                                                     | 2 manne<br>3 street         | T ANN                                     | BE GG                        |                                                                                  |                             |                           |                             |
|                                                          |                                                |                                                                            |                                             |                                                       |                                                     | 4. CITY-                    |                                           |                              |                                                                                  |                             |                           | ĺ                           |
| CITY-ST-ZIP                                              |                                                |                                                                            | <del></del>                                 | DEI                                                   |                                                     | 4. UITT<br>1 TITLE          | J: 2                                      |                              |                                                                                  | <del></del>                 | Change                    | Addition                    |
| NAME                                                     |                                                |                                                                            |                                             | 1                                                     |                                                     | 2 NAME                      |                                           |                              |                                                                                  | •                           |                           |                             |
| STREET ADDRESS                                           |                                                |                                                                            |                                             |                                                       |                                                     | 3 STREET                    |                                           | DECC.                        |                                                                                  |                             |                           |                             |
| CITY - ST - ZIP                                          |                                                |                                                                            |                                             |                                                       |                                                     | 4 CITY-5                    |                                           |                              |                                                                                  |                             |                           |                             |
| TITLE                                                    |                                                |                                                                            |                                             | DEL                                                   |                                                     | 1 TITLE                     | J 4 - E.H                                 |                              |                                                                                  |                             | Change                    | Addition                    |
| NAME                                                     |                                                |                                                                            |                                             |                                                       | •                                                   | 2 NAME                      |                                           | 1                            |                                                                                  | -                           | •                         |                             |
| STREET ADDRESS                                           |                                                |                                                                            |                                             |                                                       |                                                     | 3 STREET                    | T ADD                                     | RESS                         |                                                                                  |                             |                           |                             |
| CITY-ST-ZIP                                              |                                                |                                                                            |                                             |                                                       |                                                     | 4 CITY - S                  |                                           |                              |                                                                                  |                             |                           |                             |
| TITLE                                                    |                                                |                                                                            |                                             | ☐ D£I                                                 |                                                     | 1 TITLE                     | J 1 - E   1                               | <u>'</u>                     |                                                                                  |                             | Change                    | Addition                    |
| NAME                                                     |                                                |                                                                            |                                             |                                                       |                                                     | 2 NAME                      |                                           |                              |                                                                                  | •                           |                           |                             |
| STREET ADORESS                                           |                                                |                                                                            |                                             |                                                       |                                                     | 3 STREET                    | T ADD                                     | MFCC                         |                                                                                  |                             |                           | Ì                           |
| dineci ALURESS                                           |                                                |                                                                            |                                             |                                                       | <b>1</b> °                                          | 3 SIREE                     | - MUIU                                    | mr.oo                        |                                                                                  |                             |                           |                             |

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.