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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Apr 30 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9500004210 (7)

**B & B INVESTMENT GROUP, INC.** 

| Principal Place of Business Mailing Address   |   |                 |  |   |                      | ) IE STORT THE NEXT HIT WOLL WEIFT CAND                                      | i maniri manan arang bigas         | 1/411 88/1 1881                         |
|---|---|-----------------|--|---|----------------------|--|------------------------------------|---|
| PO BOX 55-72-<br>MIAMI FL 8315  |   |                 | PO BOX 55-7244<br>MIAMI FL 33255-7244  |   |                      |  |                                    |   |
|   |   |                 |  |   |                      | 3. Date Incorporated or Qualified 01/17/1995                                 | 3a. Date of Las<br>04/15/199       |   |
| 2. Principal Pi   | ace of Business                             | 2a. Mailing A   | ddress   |   |                      | 4. FEI Number  |                                    | Applied For                             |
| 21  |   | 26              |  |   |                      | <b>65-0553556</b> Not Applicable   |                                    |   |
| Suite, Apt. #, etc.   |   | 27              |  |   |                      | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required |                                    |   |
| City & State  | Ð   | City & Sta      | City & State   |   |                      | 6. Election Campaign Financing \$5.00 May Be                                 |                                    |   |
| 23  |   | 28              | The state of the s |   |                      | Trust Fund Contribution Added to Fees  |                                    |   |
| Zip   |   |                 | Country  | This corporation has liability for attailigible tax under s, 199.032, |                      | r s. 199.032,  |                                    |   |
| 24]   | 25  |                 |  |   |                      | Florida Statutes Yes X No  10. Name and Address of New Registered Agent      |                                    |   |
| 9. Name and Address of Current Registered Agent   |   |                 |  |   | Name                 | 10. Name and Address of New He   | distered Agent                     |   |
|   | IUM REGISTERED AGENTS                       | INC             |  | 81  | Maine                |  |                                    |   |
| 1500 SAN REMO AVE<br>STE 125  |   |                 |  | 82  | Street Addre         | lress (P.O. Box Number is Not Acceptable)                                    |                                    |   |
| COR   | VAL GABLES FL 33146                         |                 |  | 83  |                      |  | •                                  |   |
|   |   |                 |  | 84  | City                 |  | 85 Z                               | ip Code                                 |
|   |   |                 |  |   | ,                    |  | FL                                 | ·                                       |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors, it hereby agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |   |                 |  |   |                      |  | urpose of changing the appointment | g its registered<br>as registered       |
| SIGNATURE   |   |                 |  |   |                      |  |                                    |   |
|   | Signature typed or printed name of register |                 |  |   | nt signature require | ad when reinstating)   | DATE                               | ======================================= |
| 12.   |   | S AND DIRECTORS | 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -  | 13.   |                      | ADDITIONS/CHANGES TO OFFICE  |                                    |   |
| TITLE   | DP  | ١.              |  | 1.1 TITLE   |                      |  | [_] Chang                          | ge 🗌 Addition                           |
| NAME  | PARE, BETTY JO                              |                 |  | 1.2 NAME  |                      |  |                                    |   |
| STREET ADDRESS  | 6931 SUNRISE PLACE                          |                 | i i  | 1.3 STREET  |                      |  |                                    |   |
| CITY-ST-ZIP<br>TITLE  | MIAMI FL 33133                              |                 |  | 1.4 CITY - S  | 1 - ZIP              |  | 70                                 | - I Addres                              |
|   | VSD<br>PARE, ADOLPHE A                      | <b>L</b>        |  | 2.1 7(1) [  | 1                    | ,  | . J Chang                          | ge L. Addition                          |
| NAME  | 6931 SUNRISE PLACE                          |                 |  | 2.2 NAME  |                      |  |                                    |   |
| STREET ADDRESS  |   |                 | l l  | 2.3 STREET  |                      |  |                                    |   |
| CITY-ST-ZIP<br>TITLE  | MIAMI FL                                    | ···             |  | 2. 4 CITY - S<br>3.1 TITLE  | ST - ZIP             |  | ☐ Chang                            | e Addition                              |
| NAME  |   |                 |  | 3.2 NAME  |                      |  |                                    | , LI AUUIIIOII                          |
| STREET ADDRESS  |   |                 |  | 3.3 STREET  | ADDRESS              |  |                                    |   |
| CITY-ST-ZIP   |   |                 |  | 3.4. CITY - S   |                      |  |                                    |   |
| TITLE   |   |                 |  | 4.1 TITLE   | 51 - Zir             |  | ☐ Chang                            | e Addition                              |
| NAME  |   |                 |  | 4.2 NAME  |                      |  |                                    |   |
| STREET ADDRESS  |   |                 |  | 4 3 STREET  | ADDRESS              |  |                                    |   |
| CITY-ST-ZiP   |   |                 |  | 4.4 CITY-S  | 1                    |  |                                    |   |
| TITLE   |   |                 |  | 5.1 TITLE   |                      |  | ☐ Chang                            | e Addition                              |
| NAME  |   |                 |  | 5.2 NAME  |                      |  |                                    |   |
| STREET ADDRESS  |   |                 |  | 5.3 STREET  | ADDRESS              |  |                                    |   |
| CITY-ST-ZIP   |   |                 |  | 5.4 CITY - ST   |                      |  |                                    |   |
| TITLE   | , , , , , , , , , , , , , , , , , , ,       |                 |  | 6.1 HTLF  |                      |  | Chang                              | je 🔲 Addition                           |
| NAME  |   |                 |  | 5.2 NAME  |                      |  |                                    |   |
| STREET ADDRESS  | •   |                 |  | 5.3 STREET  | ADDRESS              |  |                                    |   |
| 1   |   |                 |  |   | - 1                  |  |                                    |   |

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this annual report of 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 federical control of the corporation of the corporation or the federical control of the corporation of the cor