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

CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Clare DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # P95000008697 (1)

Mailing Address 9770 SW 215 LN

B & B PLACE, INC.

MIAMI FL 33189-3708 HALLANDALE FL \$3009 3. Date Incorporated or Qualified 3a. Date of Last Report 02/02/1995 03/19/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0559434 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zıp Country This corporation has liability for intangible tax under s. 199.032, 24 Florida Statutes 25 29 30 ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FEINBERG, JEFFREY 81 **4651 SHERIDAN STREET** Street Address (P.O. Box Number is Not Acceptable) **SUITE 300** HOLLYWOOD FL 33021 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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 tric if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) (96/6) TITLE DELETE 1.1 HTLF Change Addition RAMKISSOON, MOHAN NAME 1.2 NAME 9770 S.W. 215TH LANE STREET ADDRESS 1,3 STREET ADDRESS **MIAM! FL 33189** CITY-ST-ZIP 4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE RAMKISSOON, SHEREEN NAME 2.2 NAME 9770 S.W. 215TH LANE STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33189** CITY-ST-ZIP 2. 4 CITY - ST - 7IP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME **STREET ADDRESS** 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE \$ 1 TITLE Change Addition NAME \$ 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$T-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-\$1-ZIP 14. I do 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE.

Clarge Rankissa Supposed Rankissaw

2-33-8252

**FILED** 

May 16 1997 8:00am

Secretary of State