

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

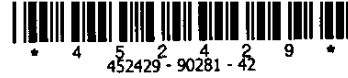
FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90281 042 ***150.00

DOCUMENT # P95000040625

1. Corporation Name

BIBAS INCORPORATED



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

BIBAS INCORPORATED
5963 BISCAYNE BLVD.
MIAMI, FL 33139

5963 BISCAYNE BLVD.
MIAMI, FL 33139

2. Principal Place of Business

2a. Mailing Address

21 40 MONTERO

26 40 MONTERO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1379 OLD OAK LANE

27 1379 OLD OAK LANE

City & State

City & State

23 NAPLES, FLORIDA

28 NAPLES, FLORIDA

Zip

Country

Zip

Country

24 34110

25

29 34110

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANUEL MONTERO
9761 APPLE BUTTER LANE
ESTERO, FL 33928

81 Name MANUEL MONTERO

82 Street Address (P.O. Box Number is Not Acceptable)
1379 OLD OAK LANE

83

84 City NAPLES, FLORIDA

FL

85 Zip Code

34110

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MONTERO, MANUEL
9761 APPLE BUTTER LANE
ESTERO, FL 33928

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSVP
LINAREJ, JULIAN
10250 S.W. 56th Street
MIAMI, FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1379 OLD OAK LANE
NAPLES, FL 34110

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)