**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000069393**

1. Corporation Name

BESTWAY INT'L, INC.

Principal Place of Business

Mailing Address

4315 NW 7 STREET #37-B MIAMI FL 33126

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

4315 NW 7 STREET #37-B MIAMI FL 33126

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

## **FILED** May 03, 1999 8:00 am Secretary of State

05-03-1999 90117 006 \*\*\*158.75

	DO NOT WRI	TE IN T	HIS SPACE	≣		
3.	Date Incorporated or Qualifed					
	09/08/1995			_		
4.	FEI Number			Applied For		
	65-0607521		/	Not Applicable		
5.	Certifcate of Status Desired		* * \$8.75 Additional Fee Required			
6.	Election Campaign Financing	П	\$5.00 May Be Added to Fees			
	Trust Fund Contribution					

MIRALLES, EDUARDO 750 NW 43 AVE #1017 1 **MIAMI FL 33126** 

25

Country

9. Name and Address of Current Registered Agent

_	Ī	10. Name and Address of New Registered Agent
	81	Name OALANdo REGO
	82	Street Address (Pro. Box Number in Not Acceptable)
	83	MiAmi #1. 33126
	84	City FL 85 337 26

Personal Property Tax.

This corporation owes the current year Intangible

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.

Country

30

agent. i ai	ii lailillai willi, aliu accest lile congalione		a Caroles.	<b>_</b>		04	1271/	-/
SIGNATURE		05/dest	egistered Agent signature r	regulard when reinstation)		DATE	<u> </u>	9
			13.		S/CHANGES TO		ND DIRECTOR	RS IN 12
TIFLE	PVD	DELETE	1.1 TITLE	PRESIDA		retarg	Change	Addition
NAME	MIRALLES, EDUARDO		1.2 NAME	MIANDO		0/		
1			1,3 STREET ADDRESS	1200	WW I	17ER		
STREET ADDRESS	750 NW 43 AVE #101	,	1.4 CITY+ST-ZIP	200	+>/	12/8/2		
CITY-ST-ZIP	MIAMI FL 33126	DELETE	2.1 TITLE	M/ HAN I	_ <i>F</i> /•	1710	☐ Change	Addition
TITLE	SVD.	M DELETE	_				L. Johnson	
NAME	CAPULLA, MONICA B		2.2 NAME	1				
STREET ADDRESS	750 NW 43 AVE #101	_	2.3 STREET ADDRESS			÷ .		-
*CITY-ST-ZIP-	MIAMI FL 33126		2. 4 CITY-ST-ZIP			<del></del>	Change	Addition
TITLE (	•	☐ DELETE	3.1 TITLE				☐ Change	Addition
NAME		,	3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS	ļ				
CITY-ST-ZIP			3.4. CITY-ST-ZIP	<u> </u>				
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4,3 STREET ADDRESS	]				
CITY-ST-ZIP	•		4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME .			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5,4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS	~		6.3 STREET ADDRESS					
CITY-ST-7IP			6.4 CITY-ST-ZIP	Į				

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 446-8828 Block 12 or Block 13 if changes on an attachment with an address, with all other like empower

SIGNATURE:

Whature required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□No