

B & B INNOVATIONS U.S.A., INC.

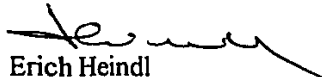
P95000083479

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

300002119273--4  
-03/20/97--01085--007  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

March 15, 1997

Please find attached a check for \$ 35.00 and Articles of Dissolution. The Corporation has been voluntarily dissolved.



Erich Heindl  
President

SH 3/24

FILED  
97 MAR 20 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: B & B INNOVATIONS, U.S.A., INC.  
241 E. COMMERCIAL BLD. FT. LAUDERDALE, FL 33334

SECOND: The articles of incorporation were filed on: 10/27/95

THIRD: (CHECK ONE)

☐ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

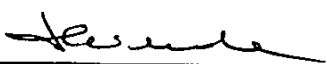
SIXTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signed this 15<sup>th</sup> day of MARCH, 19 97

Signature

  
(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

ERICH HEINDL

(Typed or printed name)

PRESIDENT

(Title)

FILED  
97 MAR 20 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

995000084177

LAZARUS CORPORATE INDUSTRIES, INC.

Requestor's Name

890 S.W. 87 AVENUE SUITE: 16

Address

MIAMI, FLORIDA 33174 (305)552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

300002012313--6

-11/22/96--01040--004

\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. C & B AUTOMATED SYSTEMS INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

Refund  
3-10-97

☒ Walk in

☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

N. HENDRICKS MAR 10 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

November 22, 1996

LAZARUS

MIAMI, FL

SUBJECT: C & B AUTOMATED SYSTEMS INC.  
Ref. Number: P95000084177

We have received your document for C & B AUTOMATED SYSTEMS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 1996 annual report. The corporation must be reinstated before this document can be filed.

The total amount due to reinstate is \$375.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6903.

Nancy Hendricks  
Corporate Specialist

Letter Number: 996A00053174

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: ACC. PRACTICE CORP. EIN or SS#: \_\_\_\_\_

Address: 7575 W. Flagler St. STE: 200  
Miami, FL 33125

Amount: \$ 35.00 Date Paid \_\_\_\_\_

Reason for claim: Decided not file  
C & B AUTOMATED SYSTEMS INC.  
REF: P95000084177

Certified true and correct this 3 day of March, 19 97.

Signature [Signature]

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only		NH-AMENDS
Agency recommends approval of above claim and submits the following information to substantiate the claim.		
Amount of recommended refund \$ <u>35.00</u>		
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on		
State Treasurer's Receipt No. <u>01040-004</u> dated <u>11/22/96</u>		
Name of Account <u>45202130001453000000000010000</u>		
Statutory Authority for Collection <u>607.0122</u>		
It is requested that payment be made from the following account:		
NAME OF ACCOUNT: <u>45202130001453000000022002000</u>		
Certified true and correct this _____ day of _____, 19 _____		
Department of State, Division of Corporations		
(Agency)	(Authorized Signature and Title)	