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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000009522 (9)

1. Corporation Name

BIBELOT INTERNATIONAL CORPORATION



Principal Place of Business

6201 DARTMOOR COURT
ORLANDO FL 32819-4833

Mailing Address

6201 DARTMOOR COURT
ORLANDO FL 32819-4833

3. Date Incorporated or Qualified

01/26/1996

3a. Date of Last Report

2. Principal Place of Business

21 5135 INTERNATIONAL DR

2a. Mailing Address

27 5135 INTERNATIONAL DR

4. FEI Number

59-3361861

Applied For

Not Applicable

Suite, Apt. #, etc.

22 UNIT 3

Suite, Apt. #, etc.

27 UNIT 3

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

23 ORLANDO, FL

City & State

28 ORLANDO, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 32819

Country

25 US

Zip

29 32819

Country

30 US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BORBA, LILIAN T
6201 DARTMOOR COURT
ORLANDO FL 32819-4833

10. Name and Address of New Registered Agent

81 Name JOSE L. RAMOS
82 Street Address (P.O. Box Number is Not Acceptable)
5381-B HOFFMETER AVE
83
84 City ORLANDO FL 85 Zip Code 32812

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 of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	BORBA, LILIAN T	
STREET ADDRESS	6201 DARTMOOR COURT	
CITY - ST - ZIP	ORLANDO FL 32819-4833	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	BORBA, PAULO M	
STREET ADDRESS	6201 DARTMOOR COURT	
CITY - ST - ZIP	ORLANDO FL 32819-4833	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NILCIENG MARCIA SILVA ALVES	
1.3 STREET ADDRESS	7440 HERRICKS LOOP	
1.4 CITY - ST - ZIP	ORLANDO, FL 32831	
2.1 TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARIA HELENA MARTINS	
2.3 STREET ADDRESS	7629 CHAPEL HILL DRIVE	
2.4 CITY - ST - ZIP	ORLANDO, FL 32819	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maria Helena Martins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/97 (407) 370-6611

DATE

DAYTIME PHONE #

CR2E034 (9/96)