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

Mailing Address

PROFIT CORPORATION **ANNUAL REPORT**

1997



Sandra B. Mortham

FILED

May 14 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000013194 (1)

BMB INTERNATIONAL, INC.

Principal Place of Business

STREET ADDRESS

SIGNATURE:

843 LAKE BLVD. FT. LAUDERDALE FL 33326			643 LAKE BLVD. FT. LAUDERDALE FL 33326-3534												
									02/12/1	996	or Qualified	3a. Da	ate of La	ast Ro	:porl
2. Principal P	Place of Busine	2a. Mailing Address				4.	FEI Num	ber				Ap	olied For		
21		26				4. FEI Number Applied For Not Applied For						Applicable			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5.	Certifical	e of Status	Desired				dditional		
City & Stat			27	1. 0 Ct-1-									Fe	e Re	quired
City & State			City & State				6.		Campaign		-			May Be	
	Zip Country					uol na				d Contribu					Fees
24	21	–	29	· F*	30	i. iti y		8.	This corp Florida S		s liability for F		tax und No	fer s.	199.032,
<u></u>		nd Address of Curren		ed Agent	1301			10.	- marchage to assure -		s of New Re				
HOF	RN, DOUGLA	S M	<u> </u>			81	Name	PROC		BORG					
	0 N.W. 49TH														
	TE 533					82	Street Add	dress (F	O. Box N	umber is t	loi Asceptal	ble)			
FT.	LAUDERDALE	E FL 33309				83					<u>-</u> -				
	1					84	City City		UPERD	4./.		P-1	85	Z <u>ip</u> Ç	ode 376
11 Purcuant	to the provision	on al Section Cut 050	2 and 607	1600 Florido Ctot.	utos the et]		M	UYEILD	ALC		FL		13	3 y/b
office or r agent. I a	registered aner am familiar with	ns of Section: 617 0502 at, or both, in the State , and accept the orliga	of Florida Ilions of S	Such change was polion 607.0505, F	authorize Iorida Stat	d by tutes	the corpora t.	ation's b	poard of d	rectors Th	nereby acce	purpose of pt the app	cnangi ointmen	ng its it as r	registered egistered
SIGNATURE	Signature Tylod or		nt and title if ap				nt signature requ					DATE	1/27	19	/
12.	1	OFFICERS AND			13.	a rigo	a organisa a rege			S/CHANGE	S 10 OFFIC		DIREC	TORS	UN 12
TITLE	D			DELETE	1.1 TC	T LE							Char		Addition
NAME	BORO, BRI				1.2 N/	\MF	İ								
STREET ADDRESS	643 LAKE I				1.3 ST	REFT	ADURESS								
CITY-ST-ZIP	FT. LAUDE	RDALE FL 33326			1.4 C	1Y-S	1 - ZIP								
TITLE				DELETE	2 1 TJ	TLE.							Char	nge	Addition
NAME					2.2 N/	ME									
STREET ADDRESS					2.3 \$1	REET	ADDRESS								
CITY-ST-ZIP				——————————————————————————————————————			I - ZP								
TITLE				☐ DELETE	3 1 11								Char	nge	Addition
NAME					3.2 N/										
STREET ADDRESS							ADDRESS								
CITY-ST- ZI P Title				DELETE	3.4. C		T-ZIP						T ob.		A Marie
NAME					4.1 Til 4. 2 N								Char	ige	Addition
STREET ADDRESS						-	ADDRESS								
CITY-ST-ZIP	ļ														
TITLE				DELCTE	4.4 CC 5 1 TO		1-211						Char	108	Addition
NAME					5.2 NA								L. UII01	.go	radinori
STREET ADDRESS					ı.		ADDRESS								
CITY-ST-ZIP					5.4 CI										
TITLE				DELETE	6.1 10								Char	198	Addition
NAME					6.2 NA								V	ø-	

6.2 NAME

14. I do hereby certify that the information supplied with this fining does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this armyal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the 1 proportion or the received 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 hanged, or on an algorithm with an address.

BRUCE BORO

V/20/97