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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000013937 (3)

B4 INK CORP.

FILED Apr 15 1997 8:00am Secretary of State

	4 INN U					·· •·· ·- ·										
Principal Piace of Business 12958 S.W. 88TH LANE MIAMI FL 33186						Mailing Address 12958 S.W. 88TH LANE MIAMI FL 33186-1730						(14 p 16 p 16 p 16 p 11 1 p 11 p				
												3. Date Incorporated or Qualified 02/14/1996	3a. Da	le of Last	l Report	
2. Pri 21	Principal Place of Business					2a. Mailing Addross 26						4. FEI Number PU 65-0642799			Applied For Not Applicat	əle
Su 22	te, Apt. #, etc.					Suite, Apt. #. etc.						5. Certificate of Status Desired			5 Additional Required	
23 Ci	City & State				28	City & State						6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
24 24	25				29 30			Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
				ess of Curr	ent Regi	stered /	Agent		ļ			10. Name and Address of New Re	gistered /	lgent		
		Zalez, C.							81	Name	9					
		8 S.W. 88 I FL 3318							82	Stree	t Addre	ss (P.O. Box Number is Not Acceptab	le)			7
									83							
									84	City			FL	85 Z	p Code	
	ATURE			h, in the Sta copt the obl collecters								ration submits this statement for the p on's board of directors. I hereby accep d when revistaling)	DATE	ointment i	as registered	-
12.				DEFICERS A	NO DIRE	CIORS	- -	13.				ADDITIONS/CHANGES TO OFFIC				
TITLE		PSD					☐ DELETE	1.1 1	ITLE					Chang	e 🔲 Additi	Ofi
NAME		GONZAL						1.21	IAM[
STREET	address		.W. 88TH	LANE				1.3 \$	ORELL	address						ı
CITY-S	T-ZIP	MIAMI FL	L 33188				T 22.774		11y - S	1 - 211						
TITLE	ţ	VTD	NDO OO	N741 C7 (OL ODIA		[] DELETE	2.11						∐ Change	e L Additi	on I
NAME	1		W. 88TH	NZALEZ , (JLUNIA			2.21								
	ADORESS	MIAMI FI		DAME						ADDRESS						
CITY-ST	T-ZIP	MINWII FE	L 33100				DELETE	3.1]	CITY-S	1 - 702				Change	e Additii	
NAME								3.2 M						onangi	5 LJ Abditi	"
	ADDRESS							1		ADDRESS						}
CITY-SI	- 1								any-s							Ì
TITLE							DECETE	411						Change	c Additio	on
NAME								4.2	NAME					,		İ
STREET	ADDRESS (435	TREET	ADDRESS						
CITY-SI									IIY-S							
TITLE							DELFTE	511						Change	e 🔲 Addilio	on
NAME								5.21	IAMi							
STREET	ADDRESS							5.3 9	18661	ADORESS						
CITY-S1	T- 21P			_				5.4 (ITY-SI	- 2IP	1_					- [
TITLE							DETEIL	611			7			☐ Change	e 🔲 Additi	on
NAME	ŀ							621	IAME		1					
STREET	ADDRESS							639	IRFE	ADDRESS						
CITY-ST	r- <i>z</i> ıp							6.4 (HY-SI	- 712						
77 1	da bassbarr		7.7		5. 5. 55. 7						-1 - t - d '	C 440 07(0)() Fig. de C4-4-4				

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 abrueal report or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under path, that I am an officer or director of the corporation of 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 12 or Block 12 or an attachment with an address.

NONATURE (ALLONA)

4/1/97