

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000034261

1. Corporation Name
BEMAT, INC.

Principal Place of Business
10705 S.W. 134 CT.
MIAMI FL 33186

Mailing Address
10705 S.W. 134 CT.
MIAMI FL 33186

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90146 012 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/19/1996

4. FEI Number
65-0665429

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

POLLOCK, SHARON L
10705 S.W. 134 CT.
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	POLLOCK, SHARON R	
STREET ADDRESS	10705 S.W. 134 CT.	
CITY-ST-ZIP	MIAMI FL 33186	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Chief Executive Officer - O/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Henry Pollock
1.3 STREET ADDRESS	10705 SW 134 CT
1.4 CITY-ST-ZIP	MIAMI, FL 33186
2.1 TITLE	Chief Information Officer - V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Matthew Pollock
2.3 STREET ADDRESS	10705 SW 134 CT
2.4 CITY-ST-ZIP	MIAMI, FL 33186
3.1 TITLE	Chief Administrative Officer - O/P/m <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sharon Pollock
3.3 STREET ADDRESS	10705 SW 134 CT.
3.4 CITY-ST-ZIP	MIAMI, FL 33186
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)