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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000043501 (1)

B&E SERVICES, INC.

CHY-\$1-7(P

Principal Place of Business Mailing Address 12521 S.W. 112TH AVENUE 12521 S.W. 112TH AVENUE MIAMI FL 33176-4529 MIAMI FL 33176 3. Date Incorporated or Qualified 3a. Date of Last Report 04/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zio Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes XYes 🗌 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SAMPSON-RIVERA, BETTY 81 Name 12521 S.W. 112TH AVENUE **B2** Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** 83 84 City 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, and accept the obligations of, Section 607.0505, Florida Statutes. ampon-Ruera SIGNATURE when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ☐ Change Addition SAMPSON-RIVERA, BETTY NAM: 1.2 NAME 12521 S.W. 112TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33176** CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition RIVERA, EDUARDO P NAME 2.2 NAME 12521 S.W. 112TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS **MAMI FL 33176** CHY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE THLE 3.1 TITLE ☐ Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - S1 - ZIF 3.4 CITY-ST-ZIP DELETE TITLE Change ___ Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - \$1 - 21P 4.4 CITY-ST-ZIP Change DELETE TIELE 5.1 TITLE I Addition NAME 5.2 NAME STREET ACCORESS 5.3 STREET ADDRESS CITY-ST-7IP 5.4 CITY-ST-ZIP DELETE TOTALE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

1a-President

14. I do hereby cert by that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

appears in Block 12 or Block 13 if changed, or on an attachment with an address.