## 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 # P96000048436

1. Corporation Name

BIJI INVESTMENTS INC.

Principal Place of Business	Mailing Address
1500 Lacosta dr W Pembroke Pines Fl 33027 US	1500 LA COSTA DR W PEMBROKE PINES FL 33027 US
Principal Place of Business	2a. Mailing Address

**FILED** Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90009 043 \*\*\*150.00



Principal Place of Business Mailing Address  1500 LA COSTA DR W  PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027  US DO NOT WRITE IN THI			<b>40</b> 1 3149 <b>0</b> 414 <b>00</b> 1
PEMBROKE PINES FL 33027 US  PEMBROKE PINES FL 33027 US  DO NOT WRITE IN THI			
00	IS SPA	.CE	
3. Date Incorporated or Qualified			
06/06/1996			
2. Principal Place of Business 2a. Mailing Address 4. FEI Number			Applied For
21 26 65-0684019		$\vdash$	Not Applicable
	\$8	8.75	Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27		Fee F	Required
City & State S Floction Compaign Financian	\$	5.00	May Be
23 Trust Fund Contribution			to Fees
Zip Country Zip Country 8. This corporation owes the current year I	Intangib	ole	
24 25 29 30 Personal Property Tax.	Y	/es	□No
Name and Address of Current Registered Agent     10. Name and Address of New Registere	d Ager	nt	
81 Name			
BECKER, JUDITH A  SECOLA COCTA PONE IMECT  82 Street Address (P.O. Box Number is Not Acceptable)			
1300 LA COSTA DAIVE WEST			
PEMBROKE PINES FL 33027			
		.   7:-	Code
	85	) Zip	Code
84   City   F	LI	ı	
44. Durant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named compration submits this statement for the purpose	of chan	ging it	ts registered
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 the corporation of the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the app	of chan	iging it nt as i	ts registered registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 appagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	of chan	iging it	ts registered registered
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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 flice 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 appraignment of registered agent and title if applicable.  SIGNATURE  S	AND DI	RECT Change	FORS IN 12  Addition
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## 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 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 application agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  ### SIGNATURE    SIGNATURE	AND DI	RECT Change	TORS IN 12  Addition
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### 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  ### Signature	AND DI	RECT Change	FORS IN 12  Addition  Addition
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-nemed corporation submits this statement for the purpose of 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)   OATE	AND DI	RECT Change	FORS IN 12  Addition  Addition
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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.

6.4 CITY-ST-ZIP