

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Moram  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000048506 (5)  
1. Corporation Name  
BRIDAS ENTERPRISES, INC.

Principal Place of Business

9775 N.W. 13TH ST.  
MIAMI FL 33126

Mailing Address

3775 N.W. 13TH ST.  
MIAMI FL 33126-2622



3. Date Incorporated or Qualified

06/06/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SABA, JORGE  
3775 N.W. 13TH ST.  
MIAMI FL 33126

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME SABA, JORGE A  
STREET ADDRESS 3775 N.W. 13TH ST.  
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ DELETE

NAME SABA, VIVIANA I  
STREET ADDRESS 3775 N.W. 13TH ST.  
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1 TITLE

2 NAME

3 STREET ADDRESS

4 CITY-ST-ZIP

5 TITLE

6 NAME

7 STREET ADDRESS

8 CITY-ST-ZIP

9 TITLE

10 NAME

11 STREET ADDRESS

12 CITY-ST-ZIP

13 TITLE

14 NAME

15 STREET ADDRESS

16 CITY-ST-ZIP

17 TITLE

18 NAME

19 STREET ADDRESS

20 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

25 TITLE

26 NAME

27 STREET ADDRESS

28 CITY-ST-ZIP

29 TITLE

30 NAME

31 STREET ADDRESS

32 CITY-ST-ZIP

33 TITLE

34 NAME

35 STREET ADDRESS

36 CITY-ST-ZIP

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 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.

SIGNATURE: X

*[Signature]*

CR2E034 (9/96)