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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000059214 (2)

BRIDGE ONE CORP.

Principal Place of Business	Mailing Address			
4410 WEST 16TH AENUE SUITE 5-339 HIALEAH FL 33012	4410 West 16th Aenue Suite 5-339 Hialeah Fl 33012			

FILED May 05 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				i idenides ein sous dissi barer baser gates :		#1 11 9 11 0	191 1881	
4410 WEST 16TH AENUE SUITE 5-339 HALEAH FL 33012		4410 WEST 16TH AEMUE SUITE 5-339 HIALEAH FL 33012								
HIRLEAN FL 3/	3012	HINLENTI FL SSUIZ				Date Incorporated or Qualified 07/16/1996	3a. Date of L	ast Re	port	
2. Principal P.	lace of Business	2a. Mailing Address				4. FEI Number		App	lied For	
21		26	26					Not	Applicable	
Suite, Apt.	≠, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7		dditional	
22		27	4			6. Consider of blades beside	F	ee Req	uired	
City & State		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Cou	ntry	····	8. This corporation has liability for in	tangible tax un	der s.	199.032,	
24	25	29	30				Yes 🔼 No			
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Reg	istered Agent			
ORE	A, HECTOR J			81	Name					
	O WEST 16TH AENUE			82	Stead Addre	nee /P.O. Boy Number is Not Acceptable				
	TE 5-339		82 Street A			Address (P.O. Box Number is Not Acceptable)				
HIALEAH FL 33012				83						
				64	City	and a second speed and a second secon	FL 85	Zip C	ode	
11. Pursuant	to the previsions of Sections 607.050	2 and 607.1508, Florida Statute	s, the a	pove	-named corp	oration submits this statement for the pu		jing its	registered	
othee or re agent it a	egistered agent, or both, in the State im familial with and accept the oblig	i of Florida. Such change was au ations of, Section 607,0505, Flor	ithorize ida Stat	ul by utes	the corporati	oration submits this statement for the pu on's board of directors. I hereby accept	the appointme	nt as r	egistered	
	(++)- 11 ·	HELTOR DREY				<u></u>	120/97	-	İ	
SIGNATURE	Signature Types or provided name of registered ap-	•	Registere	d Ager	nt signature require	ed when reinstating)	DATE			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	CTORS	IN 12	
DifeF	D	DELETE	1.1 TI	ITE.			☐ Ch	ange	Addition	
NAME	OREA, HECTOR J		1.2 N	ME	ļ					
STREET ADORESS	4410 WES 16TH AVENUE SUI	TE 5-339	1.3 \$7		addaess					
City - St - ZiP	HIALEAH FL 33012		1.4 0	TY-S	r-21P					
THEF	DELETE			2.1 TITLE				ange	☐ Addition	
NAME			2.2 NA		1					
STREET ADDRESS	2.		2.3 S	2.3 STREET ADDRESS						
CITY-ST-7iP				ITY-S	T-ZIP					
100		DELETE	3.1 1	TLE			Ch	ange	Addition	
NAME			3.2 N	ME						
STREET ADDRESS			3.3 ST	REET	ADDRESS					
City-St-7iP		3.4 (πy-s	T-ZIP					
TifLE		DELETE	4.1 TITLE		1		Ch	ange	Addition	
NAME.			4. 2 N	AME						
STHEET ADORESS			4.3 STREET		ADDRESS					
City -ST - 7iP			4.4 CITY - 5		r-ZIP	۸. ۱۱				
1:11.6		☐ DELETE	5.1 TITLE			11/2	A □ Ch	ange	Addition	
NAME			5.2 NAME			V	<i>کلا′</i>			
STREET ADDRESS			5.3 \$	REET.	ADDRESS	```	4,1			
CITY-ST ZIP			5.4 C	TY-\$1	r-21P		1			
1-11-1		☐ DELETE	6.1 7				Ch	ange	Addition	
NAME			6.2 N	ME		30000217 -05/08/970100	Q5 <u>9</u> 3			
STREET ADDRESS					ADORESS	-05/08/970100	5025			
CITY - ST - ZIP				TY-51	1	***165.00				

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 of chapter 607, or on an attachment with an address.

SIGNATURE:

Daytime Phone #