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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State 🥕 DIVISION OF CORPORATIONS

DOCUMENT # P96000072884 (5)

MR. "B" III, INC.

Principal	Place	of Bu	isiness

Mailing Address

FILED					
Jun 18 1997 8:00am					
Secretary of State					



NORTH MIAMI		2000 N.E. 120TH ROAD North Miami Fl 33181-33	14			
				3. Date Incorporated or Qualified 09/03/1996	3a. Dale of Last Report	
2. Principal P	ac e of Business	2a. Mailing Address		4. FEI Number	Applied For	
	East 10th Av	ve. 26 275 East 1	Oth Ave.	65-0690746	Not Applicable	
1	#. etc. eah , FL	Sulte, Apt. #, etc. Hialeah, F		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	θ	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	├ ── '	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,	
24 3301		29 33010	30 DADE		Yes No	
<u> </u>	9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent B & C CORDODATE SERVACES INC. B1 Name					
	C CORPORATE SERV		B1 Name	Milton Besen		
	8. BISCAYNE BOULE	/ARD	82 Street A	ddress (P.O. Box Number is Not Acceptab	le)	
	TE 300 0			2000 NE 120th RD		
MIA	MI FL 33131		83			
ķ			84 City		B5 Zip Code	
<u> </u>			1 1 4	North Miami	FL 22101	
11. Pursuant	to the provisions of Section	ns 607.0502 and 607.1508, Florida Statuto	s, the above-named c	orporation submits this statement for the poration's board of directors. I hereby accept	urpose of changing its registered	
agent. La	m familiar with, and accept	of the obligations of, Section 607.0505, Flo	rida Statutes.	station's board of directors, I hereby accep	t the appointment as registered	
SIGNATURE	1/1/1					
			Registered Agent signature in		DATE	
12.	OFF	ICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addilion	
NAME	BESEN, MILTON		1.2 NAME			
STREET ADDRESS	2000 N.E. 120TH RO		1.3 STREET ADDRESS		[
CITY-ST-ZIP	<u>North Miami</u> FL 33		14 CITY-ST-ZIP		<u>_</u>	
TITLE :	D	☐ DELETE	21 TITLE		Change Addition	
NAME			2.2 NAME]	
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI FL 33		2. 4 C/1Y-ST-Z/P			
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAMÉ		Í	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. C(1Y - ST - Z(P			
TITLE	DELETE 4.1 TITLE			Change Addition		
NAME	4.		4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE	DELETE		5.1 TITEF		Change Addition	
NAME	·		5.2 NAME			
STREET ADDRESS	RESS		5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CHY-ST-ZIP			
TITLE		☐ DELFTE	6.1 TITLE		Change Addition	
NAME	•		62 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP			64 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.