## 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 # P96000084665 (4)

BIN BUSINESS INTERNATIONAL NETWORK, INC.

Principal Place of Business Mailing Address 287-NW-152-LANE PEMBROKE PINES FL 22028-1821 PEMBROKE PINES PL 33028 3. Date Incorporated or Qualified 3a. Date of Last Report 10/09/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 3008 NW 72 AVC. 72 Ave 6*5-0*702137 BOOR NW 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 6. Election Campaign Financing \$5.00 May Be Migmi Trust Fund Contribution Added to Fees 23 Ham. Country 8. This corporation has liability for intangible tax under s. 199.032, 33122 USA X Yes I No Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name RULLIER, CESAR 3002 NW 72 Ave. 2<del>97 NW 152 LANE</del> 82 Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 8802 Mami F1. 33122 83 84 City Zip Code 85 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 Stigner are sypect or printed numerof registered agoot and title it applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Ph DELETE Change 100 1.1 TITLE RULLIER, CESAR NAV: 1.2 NAME 287 NW 152 LANE 1.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33028 CITY - \$1 - 20F 1.4 CITY-ST-ZIP DELETE Change Addition STD TILLE 2.1 TITLE FIGUEREDO, FRANCISCA 22 NAME NAME 348 W 72 PLACE 2.3 STREET ADDRESS STREEL ADDRESS HIALEAH FL 33012 CITY-S1-ZIP 2 4 CITY - ST - ZIP DELETE Change ☐ Addition 31 TITLE Title 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY+ST-ZIP CITY-S1-ZP DELETE 4.1 TITLE Change Addition T-TLF NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change ☐ Addition 1 ILS NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST ZIP

SIGNATURE:

 I do hereby certify that the information supplinformation indicated on this annual report. I am an officer or director of the corporation appears in Block 12 or Block 13 if changed

THE NAME

STREET ADDRESS

CITY-ST 7IP

ED NAME OF SIGNING OFFICER OR DIRECTOR

nt with an address

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

DELETE

does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the unual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Jan 28 1997 8:00am

Secretary of State

Change

Addition

96/6)