


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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90089 014 \*\*\*150.00



|   |                       |  |  |
|---|-----------------------|--|--|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b>  |                       | <br><b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # P96000097536</b>  |                       |  |  |
| 1. Corporation Name<br><b>BABIMAR ENTERPRISES CORPORATION</b>   |                       |  |  |
| Principal Place of Business<br>18235 N.E. 4TH COURT<br>MIAMI FL 33162   |                       | Mailing Address<br>18235 N.E. 4TH COURT<br>MIAMI FL 33162  |  |
| 2. Principal Place of Business<br>21 202 N.E. 65th St, FL 33138<br>Suite, Apt. #, etc.  |                       | 2a. Mailing Address<br>26 202 NE 65th St.<br>Suite, Apt. #, etc.   |  |
| 22 City & State<br>23 Miami, FL   |                       | 27 City & State<br>28 Miami, FL  |  |
| 24 Zip<br>33138   |                       | 29 Zip<br>33138  |  |
| 25 Country<br>USA   |                       | 30 Country<br>USA  |  |
| 9. Name and Address of Current Registered Agent<br>BABILONIA JR, JAIRO A<br>18235 NE 4TH CT<br>MIAMI FL 33162   |                       | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br>FL   |  |
| 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<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE   |                       |  |  |
| 12. OFFICERS AND DIRECTORS  |                       |  |  |
| TITLE   | PD                    | <input type="checkbox"/> DELETE  |  |
| NAME  | BABILONIA, JAIRO A    |  |  |
| STREET ADDRESS  | 18235 N.E. 4TH COURT  |  |  |
| CITY-ST-ZIP   | MIAMI FL 33162        |  |  |
| TITLE   | S                     | <input type="checkbox"/> DELETE  |  |
| NAME  | BABILONIA, MIGUEL     |  |  |
| STREET ADDRESS  | 18235 NE 4TH CT       |  |  |
| CITY-ST-ZIP   | MIAMI FL 33162        |  |  |
| TITLE   | VP                    | <input type="checkbox"/> DELETE  |  |
| NAME  | BABILONIA JR, JAIRO A |  |  |
| STREET ADDRESS  | 18235 NE 4TH CT       |  |  |
| CITY-ST-ZIP   | MIAMI FL 33162        |  |  |
| TITLE   |                       | <input type="checkbox"/> DELETE  |  |
| NAME  |                       |  |  |
| STREET ADDRESS  |                       |  |  |
| CITY-ST-ZIP   |                       |  |  |
| TITLE   |                       | <input type="checkbox"/> DELETE  |  |
| NAME  |                       |  |  |
| STREET ADDRESS  |                       |  |  |
| CITY-ST-ZIP   |                       |  |  |
| TITLE   |                       | <input type="checkbox"/> DELETE  |  |
| NAME  |                       |  |  |
| STREET ADDRESS  |                       |  |  |
| CITY-ST-ZIP   |                       |  |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |                       |  |  |
| 1.1 TITLE   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 1.2 NAME  |                       |  |  |
| 1.3 STREET ADDRESS  |                       |  |  |
| 1.4 CITY-ST-ZIP   |                       |  |  |
| 2.1 TITLE   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 2.2 NAME  |                       |  |  |
| 2.3 STREET ADDRESS  |                       |  |  |
| 2.4 CITY-ST-ZIP   |                       |  |  |
| 3.1 TITLE   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 3.2 NAME  |                       |  |  |
| 3.3 STREET ADDRESS  |                       |  |  |
| 3.4 CITY-ST-ZIP   |                       |  |  |
| 4.1 TITLE   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 4.2 NAME  |                       |  |  |
| 4.3 STREET ADDRESS  |                       |  |  |
| 4.4 CITY-ST-ZIP   |                       |  |  |
| 5.1 TITLE   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 5.2 NAME  |                       |  |  |
| 5.3 STREET ADDRESS  |                       |  |  |
| 5.4 CITY-ST-ZIP   |                       |  |  |
| 6.1 TITLE   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 6.2 NAME  |                       |  |  |
| 6.3 STREET ADDRESS  |                       |  |  |
| 6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/99

Date

(335) 756-2022

Daytime Phone #

CR2E034 (11/98)

0235606