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 # P96000102610 (8)

BEDROOMS PLUS, INC.

STREET ADDRESS

C(1Y - S1 - Z)P

En 1 1 1 Fin						/ Ali Ili 1110 1114 114 111 114
Principal Place		Mailing Address				
16711 COLLINS AVENUE 16711 COLLINS AVENUE #1007						
NORTH MIAMI BEACH FL 33160		NORTH MIAMI BEACH FL 33160-4258				
					3. Date Incorporated or Qualified	3a. Date of Last Report
					12/19/1996	
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 3390	NW 168 St.	26 3390 Nu	N 16	35+	65.0716186	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		,,	5. Certificate of Status Desired	\$8.75 Additional
22		27			b. Certificate of Status Desired	Fee Required
City & State		City & State	-		6. Election Campaign Financing	\$5.00 May Be
23 Mian	ni, FL	28 Miani	112		Trust Fund Contribution	Added to Fees
Z(p)	Country	7 _{ip}	Count	•	8. This corporation has liability for	
24 3305		29 33056	30 <u>U</u>	3/4_		Yes No
	9. Name and Address of Current	Registered Agent	8	Name	10. Name and Address of New Re	gistered Agent
	PORATION SERVICE COMPANY		"	INE		
1201 HAYS STREET				82 Street Address (P.O. Box Number is Not Acceptable)		
IALL	AHASSEE FL 32301-2525		8	<u> </u>		
			"	1		
			8	6 City		FL 85 Zip Code
14 Pureupot	to the provisions of Sections 607 0505	and 607 1509. Florida Statu	tee the sho	vo named	corporation submits this statement for the	
office or r	egistered agent, or both, in the State i	of Florida, Such change was	authorized	by the corp	oration's board of directors. I hereby acce	pt the appointment as registered
agent La	mi familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Statut	9\$.		
SIGNATURE	Signature typed or pented name of registered agen	Land lite diaunicable (NO	TE: Registered A	nent sinnature	required when reinstating)	DATE
12.	OFFICERS AND		13.	9	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE	1.1 TITLE	1		Change Addition
NAME	PEREZ, LUZ MARINA		1.2 NAM	:		
\$TREET ADDRESS	16711 COLLINS AVE, #1007		1.3 \$TRE	ET ADDRESS		
CHY-SI-ZIP	NORTH MIAMI BEACH FL 3316)	1.4 CiTY	ST - ZIP		
1 [LE		DELETE	21 TITLE		P	Change Addition
NAME			22 NAM	:	Max Best	
STREET ADDRESS			23 \$TRE	ET ADDRESS	11620 NW29 Street	+
CITY-ST-7P			2 4 GiTY	-ST-ZIP	Suntise FL 3232	<u>ૄ</u>
MUE		☐ DELETE	3 1 TITL!		V Antonio Petruzzelli 30 s. Bounty Lane	Change Addition
NAME			32 NAM	: [Antonio Petruzzelli	
STREET ADDRESS			3 3 STRE	ET ADDRESS	30 s. Bounty Lane	
CITY-SI-7IP			3.4. Ciff Y	- ST - 7IP	Key Large, FL 33	037
1HLF		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAN	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
City - \$1 - 7iP			4.4 CITY	-ST-ZIP		
10KE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAM			
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY - S1 - ZIP			5.4 CITY	ST-ZIP		
Talle		DELETE	6.1 TITU			☐ Change ☐ Addition
NAME I			6.2 NAM	:		

6.3 STREET ADDRESS 6.4 CHTY-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 plunged, or on an attribute ment with an address.

FILED Feb 25 1997 8:00am Secretary of State



Petruzzelli 2 19 97 (305) 625-2900