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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9700006550

1. Corporation Name

C.B. IMPEX, INC.

## FILED Feb 08, 1999 8:00am Secretary of State

02-08-1999 90017 040 \*\*\*150.00



Principal Place	of Business	Mailing Address		-				
3389 SHERIDAN ST.		3389 SHERIDAN ST.			·			
HOLLYWOOD FL 33021		HOLLYWOOD FL 33021			DO NOT	WRITE IN THIS	SPACE	
	•				3. Date Incorporated or Qua	lifed		
					01/17/1997		*	
2. Dringing! Dir	ace of Business	2a. Mailing Address		-41	4. FEI Number		App	lied For
_ `	ace of Busiless	26			65-0730037		Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			ed 🗆	\$8.75 A	1	
22	** · · ·	27			5. Certifcate of Status Desir	eu 🗆	Fee Rec	quired
City & State	3	City & State			6. Election Campaign Finan	cing	\$5.00	
23		28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the	e current year Int		
24	25		30		Personal Property Tax.			□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of I	New Registered	Agent	
	OLIABE OF AUDE	State of the		B1 Name				
BECQUART, CLAUDE				82 Street Address (P.O. Box Number is Not Acceptable)				
	SHERIDAN ST.					Name of the second	<u>, 6 - 9 - 6 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7</u>	* 14 og 5 % og
HOL	LYWOOD FL 33021			В3		2月:6月間		3. 13.
	•	• •	la la	84 City			85 Zip C	ode
				,		FL		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statute	s, the ab	ove-named corp	poration submits this statement to ion's board of directors. I hereby	or the purpose of accept the appo	changing its	gistered
office or re	egistered agent, or both, in the State om m familiar with, and accept the obligat	of Florida. Such change was au tions of, Section 607.0505, Flori	ida Statut	tes.	on a board of an addition of the comp		_	`
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SIGNATURE	Signature, typed or printed name of registered agen			gent signature require	ed when reinstating)	DATE OF CERS AT	UD DIRECTO	PS IN 12
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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:

SIGNATUSE CRUMUIRED

JIE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 10 - 1997

Daytime Phone #