

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

FILED

Jan 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000010002 (8)

1. Corporation Name

MR. B. ENTERPRISES USA, INC.

Principal Place of Business

~~9467 BOCA COVE CIRCLE~~  
~~#813~~  
~~BOCA RATON FL 33428~~

Mailing Address

~~9467 BOCA COVE CIRCLE~~  
~~#813~~  
~~BOCA RATON FL 33428~~



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1997

4. FEI Number

65-0724037

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 399 W. CAMINO GARDENS BLVD.

Suite, Apt. #, etc.

22 # 308

City & State

23 BOCA RATON, FL.

Zip

24 33432

Country

25 U.S.

2a. Mailing Address

27 Suite, Apt. #, etc.

City & State

Zip

29 Country

9. Name and Address of Current Registered Agent

BLOOM, BRIAN  
9467 BOCA COVE CIRCLE  
#813  
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 399 W. CAMINO GARDENS BLVD #308

84 City

BOCA RATON

FL

85 Zip Code

33432

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE

NAME BLOOM, BRIAN  
STREET ADDRESS 9467 BOCA COVE CIRCLE  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE D ☐ DELETE

NAME BLOOM, BRIAN  
STREET ADDRESS 9467 BOCA COVE CIRCLE  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

399 W. CAMINO GARDENS BLVD #308

BOCA RATON, FL 33432

☒ Change ☐ Addition

399 W. CAMINO GARDENS BLVD #308

BOCA RATON, FL 33432

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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.

SIGNATURE:  SIGNATURE REQUIRED BRIAN BLOOM (PRES) 1/16/98

CR2E034 (10/97)