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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000056271

Corporation Name

B.E.S.T. SURPRISES, INC.

Principal Place of Business Mailing Address									, (00)201 (10 (0))			
C/O SAWGRASS MILLS MALL 12801 W SUNRISE BLVD. UNIT #275 SUNRISE FL 33323		12	C/O SAWGRASS MILLS MALL 12801 W SUNRISE BLVD. UNIT #275 SUNRISE FL 33323					DO NOT WRITE I	N THIS S	SPACE		
							- 1		Date Incorporated or Qualifed 06/25/1997		<del>-</del> ·	-
2 Principal Pl	ace of Business	2a	. Mailing Address						FEI Number			Applied For
21			26				ļ	i	65-0784302		1	Not Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.					5.	Certificate of Status Desired	].		Additional Required
City & State			City & State					6	Election Campaign Financing	<del></del>	\$5.0	May Be
23			28					Trust Fund Contribution	J		d to Fees	
Zip Country			Zip Country				8.	This corporation owes the current	year Inta	ngible <sup>.</sup>		
24	25	29		30		_			Personal Property Tax.		☐ Yes	1 <b>5</b> 4No
	9. Name and Address of Current	Regi	stered Agent					10.	Name and Address of New Regi	stered A	gent	
					81	Name	!					-
BESTEIRO, RAOUL 4291 SW 154TH PLACE				82	Street	Addres	s (P.	O. Box Number is Not Acceptable	) ,			
MIAMI FL 33185					83				· · · · · · · · · · · · · · · · · · ·			
					84	City			<u> </u>	FL	85 Zig	p Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes						L	·	-4!			hanaina	ite registered
office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	of Flori	ida. Such change was a	uthoriz	ed by	the corp	oration	's bo	pard of directors. I hereby accept the	e appoin	tment as	registered
SIGNATURE											_	
Signature, typed or printed name of registered agent and title if applicable. (NOTE:					:-	nt signature r	required w		511/5444197	DATÉ		
12.	OFFICERS AN	D DIR	ECTORS DELETE	13				A	ADDITIONS/CHANGES TO OFFICE	ERS ANL	☐ Change	
TITLE	PEOTEIDO DAOLII		□ DELETE		TITLE				•			, (1,100,100,1
NAME	BESTEIRO, RAOUL				NAME							
STREET ADDRESS	4291 SW 154TH PLACE					TADDRESS	<b>`</b>					
CITY-ST-ZIP	MIAMI FL 33185		☐ DELETE	_	CITY-S	1-ZIP	<del> </del>				☐ Change	e Addition
TITLE NAME	BESTEIRO, MIRELLA				NAME						_ '	
STREET ADDRESS	4291 SW 154TH PLACE					TADDRESS	,					
	MIAMI FL 33185			ı	CITY-S				,			Į
CITY-ST-ZIP TITLE	IMPART L GOTOS		DELETE	_	TITLE	-1					☐ Chang	e 🔲 Addition
NAME				3.2	NAME							
STREET ADDRESS				3.3	STREE	T ADDRESS	3		•			
CITY-ST-ZIP				3.4.	CITY-S	ST-ZIP						
TITLE			☐ DELETE	4.1	TITLE						Chang	e Addition
NAME				4. 2	NAME							
STREET ADDRESS				4.3	STREE	T ADDRESS	3					ł
CITY-ST-ZIP				_	CITY-S	T-ZIP	1			<del></del>		a Addition
TITLE			☐ DELETE		TITLE						Change	e
NAME				1	NAME	* + 0 0 0 0 0 0 0				•		Ì
STREET ADDRESS				- 1		T ADDRESS	1					
CITY-ST-ZIP				5.4	CITY-S	1-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.

61 TTT F

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

92100

(954)83S2101

Change

Addition

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90122 030 \*\*\*150.00

VELUS# (11/30)