

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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90032 049 \*\*\*150.00

DOCUMENT # P98000018932

1. Corporation Name  
BAMS INTERNATIONAL CORP.

Principal Place of Business  
P.O. BOX 52-4007  
MIAMI FL 33152-4007

Mailing Address  
P.O. BOX 52-4007  
MIAMI FL 33152-4007

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1998

4. FEI Number

65-0858108

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
8306 Mills Drive

2a. Mailing Address  
8306 Mills Drive

21 Suite, Apt. #, etc.  
#306

26 Suite, Apt. #, etc.  
#306

22 City & State  
MIAMI, FLORIDA

27 City & State  
MIAMI, FLORIDA

23 Zip  
33183

Country  
USA

28 Zip  
33183

Country  
USA

9. Name and Address of Current Registered Agent

BRIONES, ADRIANA L  
6919 N.W. 82ND AVE  
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name  
Same

82 Street Address (P.O. Box Number is Not Acceptable)  
8306 Mills Drive #306

83

84 City, State, Zip Code  
MIAMI, FL 33183

85 Zip Code  
33183

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
BRIONES, ADRIANA L  
P.O. BOX 52-4007  
MIAMI FL 33152-4007

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

Date

Daytime Phone #

Adriana L. Briones

01/27/99 (305) 270-0133

CR2E034 (11/98)

0222579