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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P98000032159**1. Corporation Name

THE BESMARK PROPERTIES CORPORATION OF AMERICA

		·				
Principal Place of Business Mailing Address						
720 NW 122 COURT		720 NW 122 COURT	720 NW 122 COURT			
MIAMI FL 33182		MIAMI FL 33182				DO NOT WIDITE IN THIS CRACE
						DO NOT WRITE IN THIS SPACE
_						3. Date Incorporated or Qualifed 04/08/1998
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-083795/ Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				-rea Required
City & Stat	te	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Intangible
24	25		30			Personal Property Tax. Yes No
	g. Name and Address of Cur	rent Registered Agent		<u> </u>		10. Name and Address of New Registered Agent
17416	DEC MANHIEL			81	Name	•
	DES, MANUEL		ŀ	82	Street A	ddress (P.O. Box Number is Not Acceptable)
	NW 122 COURT		l			
MIAN	WI FL 33182		- [83		
			-	84	City	FL 85 Zip Code
						orporation submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the St. im familiar with, and accept the ob	ate of Florida. Such change was autiligations of Section 607-0505, Flori	thorized da Statu	by thes.	he corpor	ation's board of directors. I hereby accept the appointment as registered
	Signature, typed or purited name of registered	AND DIRECTORS	_	Agent	signature red	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	DP OFFICERS	DELETE	13.	1 E		Abbitions/Change Abbition
TITLE	VALDES, MANUEL		1.2 NA			
NAME -	TOO ARM 400 COLIDT		•		**************************************	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	MIAMI FL 33182	DELETE	1.4 CIT		-ZIP	☐ Change ☐ Addition
TITLE		☐ pereie	2.1 TIT		-	
NAME			2.2 NA		ì	
STREET ADDRESS			2.3 ST	REET	ADDRESS	•
CITY-ST-ZIP			2.4 Cf		r-ZIP	
TITLE		☐ DELETE	3.1 TIT	LE	1	☐ Change ☐ Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET	ADDRESS	
CITY-ST-ZIP			3.4. CF	TY-ST	-ZIP	
TITLE		☐ DELETE	4,1 TIT	LE		☐ Change ☐ Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 ST	REET	ADDRESS	
CITY-ST-ZIP			4.4 CIT	Y-ST-	-ZIP	
TITLE		DELETE	5.1 TIT	LE		Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 STI	REET.	ADDRESS	
CITY-ST-ZIP			5.4 CIT	Y-ST	-ZIP	
TITLE		DELETE	6.1 TIT	LE		☐ Change ☐ Addition
****			62 NA	ME		

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90037 036 ***150.00