09011999-90011-030-$558.75-$558.75

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV 12 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000047018

1. Corporation Name
BURCORP.

Principal Place of Business	Mailing Address
20430 NW 24TH AVENUE MIAMI FL 33056	20430 NW 24TH AVENUE MIAMI FL 33056

9/1/199900/1030 $558.75
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1998

2. Principal Place of Business
21 P.O. BOX 541248
Suite, Apt. #, etc.
22
City & State
23 OPA-LOCKA, FL
Zip 24 Country 25

2a. Mailing Address
26 P.O. BOX 541248
Suite, Apt. #, etc.
27
City & State
28 OPA-LOCKA, FL 33054
Zip 29 33054 Country 30 MIAMI-DADE

4. FEI Number: 650855276 — 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

9. Name and Address of Current Registered Agent

BURKE, RAY
20430 NW 24TH AVENUE
MIAMI FL 33056

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT RAY BURKE P.O. BOX 541248 OPA-LOCKA, FL 33054	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: Ray Burke PRES 11/12/99 305-681-2344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)

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Burcorp

Monday, November 01, 1999

FL. DEPT. OF STATE - DIVISION OF CORPORATIONS
PO BOX 6327
Tallahassee, FL 32314

Re: BURCORP

Ref.: # 98000047018

Dear :Sir/Madam:

As per my conversation with your office last week, Attached please find the executed Annual Report as requested per your letter of 9/3/99. I informed your office that this document was executed and returned to your office. You requested a faxed copy of the document (Herein) which we are forwarding to your office by mail again. You also advised me that you are in possession of our check for the Annual Report Fee. Should you require any additional information please do not hesitate to call.

Cordially,

Ray A. Burke

Ray Burke
President

P.O. Box 541248 * Opa-Locka, Fl. 33054 * Tel: (305) 681-2344