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

PROFIT ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000078949**1. Corporation Name

BANER CRYSTAL, INC.

			ce of Busi
2101	N.E.	201	STREET

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90023 005 ***150.00



Principal Plac	e of Business	Mailing Address								
2101 N.E. 201 S	STREET	2101 N.E. 201 STREET								
MIAMI FL 33179		MIAMI FL 33179			DO NOT MIDITÉ IN	T. 110 4	-DACE	_		
						DO NOT WRITE IN 3. Date Incorporated or Qualifed	HIS	SPACE	-	
						, ,				
						09/08/1998		—T-	1 4	lied For
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number 74-279226	フ	-		
21		26				74-271220		40		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			roorAc eeReq	iditional
22		27				 				
City & Stat		City & State				-6Election.Campaign Financing			LUU_N ided to	May_Be
23		28		.atm:		Trust Fund Contribution			ded to	1 - 6 - 6 - 6
Zip ─_¬	Country	Zip		untry		8. This corporation owes the current ye	ar inta	ingibie ☐ Yes	. 1	ZÑo
24	25	29	30	_		Personal Property Tax. 10. Name and Address of New Regist	ared A		7	~~~
	9. Name and Address of Currer	t Registered Agent		81	Name	10. Name and Address of New Regist	31647	tgo.i.c		 -
DAM	IAN, VINCENT E JR			1						
	W. 8TH STREET, SUITE 2550			82	Street Addr	ess (P.O. Box Number is Not Acceptable)				
	MI FL 33130			00						
IANIMA	WI FE 33 130			83						
				84	City			85	Zip Co	ode
						oration submits this statement for the purpo	<u>FL</u>	بلب		
agent. I a	m familiar with, and accept the obligations signature, typed or printed name of registered age				signature require	d when reinstating) DA	ΤE			
12.		ND DIRECTORS	13.		···	ADDITIONS/CHANGES TO OFFICER	S AN	D DIRE	CTOF	RS IN 12
TITLE	D	☐ DELETE	1.1 T	ITLE				Cha	ange	☐ Addition
NAME	BANER, DIEGO		1.2 N	IAME						
STREET ADDRESS	AAAA NE AAA OTDEET		1.3 S	TREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33179		1.4 0	TY-ST	- ZIP		_			
TITLE		☐ DELETE	2.1 T	ITLE				Cha	ange	Addition
NAME			2.2 N	IAME.						
STREET ADDRESS			2.3 S	TREET	ADDRESS	·				
CITY-ST-ZIP			2.40	CITY-ST	- ZIP					
TITLE		☐ DELETE						- Ch	ange -	Addition
NAME			3.2 N	IAME			٠			
STREET ADDRESS			3.3 S	TREET.	ADDRESS					
CITY-ST-ZIP				CITY-ST	i					
TITLE		☐ DELETE						Ch:	ange	Addition
NAME			4.21	NAME						
STREET ADDRESS	}		4.3 S	TREET	ADDRESS					
CITY-ST-ZIP			4.4 0	CITY-ST	-ZIP					
TITLE		DELETE						Ch	ange	Addition
NAME			5.2 N	IAME	1					
STREET ADDRESS	1		5.3 S	TREET.	ADDRESS					
CITY-ST-ZIP			5.4 C	TY-ST	-ZIP					
TITLE		☐ DELETE						Ch	ange	Addition
NAME]			AME						
					ADDRESS					
STREET ADDRESS	1		3.33							

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:

YPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 20