Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90077 016 \*\*\*150.00

## 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 # P98000081132

1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

B. & N.	international Holdings	, INC.			
Principal Place	e of Business	Mailing Address		T (\$8)(\$8) 118 18191 1841 88111 88111 88111	Tibl (figt liff) (indå livia ital tati
1005 NORTH 21ST AVENUE 1005 NORTH 21ST AVENUE HOLLYWOOD FL 33020 HOLLYWOOD FL 33020				DO NOT WRITE IN T	HIC CDACE
]					- IIO OFROE
	•		-	3. Date incorporated or Qualifed 09/16/1998	-
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	X Applied For
21		26		594,71,9838	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		- Continue of State - Decimal	\$8.75 Additional
22	general and the second	· 27 · · · ·		5. Certificate of Status Desired	Fee Required; ,
City & State	е .	City & State	<u> </u>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zin	Country	Zip	Country	8. This corporation owes the current yea	
Zip	25	29 3	¬ ´	Personal Property Tax.	Yes DNo
24	9. Name and Address of Current		<u> </u>	10. Name and Address of New Register	
	9. Name and Address of Current	Troglatarea Agent	81 Name		
ZAM	ORA, ALEJANDRO A				
1298 NORTHWEST 10TH AVENUE MIAMI FL 33136				ress (P.O. Box Number is Not Acceptable)	
MIAI	VI FL 33 136	•	83		_
	•		84 City		EL 85 Zip Code
agent. I a SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: R	i egistered Agent signature requir		4.14.44
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PSTD	☐ DELETE	1.1 TTLE		☐ Change ☐ Addition
NAME	NEVES, ALMIR LUSTOSA		1.2 NAME		
STREET ADDRESS	1005 NORTH 21ST AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY+ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	· ·		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	<del></del>	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		<del>-</del>	4.2 NAME		•
	{		4.3 STREET ADDRESS		•
STREET ADDRESS					
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		□ OCTC1C	5.1 TITLE 5.2 NAME		
NAME	Ì				
STREET ADDRESS	ì		5.3 STREET ADDRESS		

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 attactionent with an address, with all other like empowered.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

\required SIGNATURE: X

☐ Change

Addition