

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S44228** (2)
1. Corporation Name
BEST UNION, INC.



Principal Place of Business
**P.O. BOX 960308
MIAMI FL 33296-0308
US**

Mailing Address
**P.O. BOX 960308
MIAMI FL 33296-0308
US**

3. Date Incorporated or Qualified **04/10/1991** 3a. Date of Last Report **04/25/1995**

4. FEI Number **65-0257200** 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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**HAMILTON, MARIA P., ESQ.
1570 MADRUGA AVENUE
SUITE 214
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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

Signature, typed or printed name and title of person signing (typed or printed name required when reappointing)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PST	BALESTENA, ANTONIO	12515 NORTH KENDALL DRIVE SUITE 328	MIAMI FL	<input type="checkbox"/>
VST	FERNANDEZ, JORGE	832 CORAL WAY	CORAL GA	<input type="checkbox"/>
V	FRENANDEZ, LUIS	832 CORAL WAY	CORAL GABLES FL	<input type="checkbox"/>
V	ARIAS, MICHAEL	14381 SW 37TH ST	MIAMI FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
1.1	1.1 NAME	1.1 STREET ADDRESS	1.1 CITY-STATE-ZIP	<input type="checkbox"/>
2.1	2.1 NAME	2.1 STREET ADDRESS	2.1 CITY-STATE-ZIP	<input type="checkbox"/>
3.1	3.1 NAME	3.1 STREET ADDRESS	3.1 CITY-STATE-ZIP	<input type="checkbox"/>
4.1	4.1 NAME	4.1 STREET ADDRESS	4.1 CITY-STATE-ZIP	<input type="checkbox"/>
5.1	5.1 NAME	5.1 STREET ADDRESS	5.1 CITY-STATE-ZIP	<input type="checkbox"/>
6.1	6.1 NAME	6.1 STREET ADDRESS	6.1 CITY-STATE-ZIP	<input type="checkbox"/>

**900001805979
-05/03/96--01010--035
***208.75**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

305-598-0840

CR2E034 (12/95)