

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 # **S81676** (6)

1. Corporation Name

BEDSON INTERNATIONAL, INC.



Principal Place of Business

**1110 BRICKELL AVENUE
SUITE 208
MIAMI FL 33131
US**

Mailing Address

**1110 BRICKELL AVENUE
208
MIAMI FL 33131
US**

3. Date Incorporated or Qualified

09/19/1991

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 **1110 BRICKELL AVENUE**

26 **1110 BRICKELL AVENUE**

4. FEI Number

65-0287981

Applied For

Not Applicable

Suite, Apt. #, etc.

208

Suite, Apt. #, etc.

208

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33131

Country

DADE

Zip

33131

Country

DADE

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

9. Name and Address of Current Registered Agent

**RATHBONE, JOHN B.
1110 BRICKELL AVE. 208
MIAMI FL 33131**

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 of registered agent and title, if applicable

(NOTE: Registered Agent signature is required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	RATHBONE, JOHN B.	
STREET ADDRESS	1420 BAYSHORE DR #403	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	ROMANO, OMAR	
STREET ADDRESS	LAB. BEDSON SA. LA LONJA PILAR	
CITY-ST-ZIP	BUENOS AIRES AR	
TITLE	D	☐ DELETE
NAME	COLUSI, ARNALDO DR.	
STREET ADDRESS	LAB. BEDSON S.A. LA LONJA PILAR	
CITY-ST-ZIP	BUENOS AIRES AR	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2. TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
3. TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4. TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6. TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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

JOHN B. RATHBONE

(305) 3719906

Date

Officer's Printed Name

CR2E034 (12/95)