

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90002 007 ***150.00

DOCUMENT # S81676

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

2. Principal Place of Business

21 4 Mollen Way

Suite, Apt. #, etc.

2a. Mailing Address

26 4 Mollen Way

Suite, Apt. #, etc.

City & State

23 Falmouth, MA

Zip

Country

24 02540 25 USA

City & State

28 Falmouth, MA

Zip

Country

29 02540 30 USA

9. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1991

4. FEI Number

65-0287981

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

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 required when reinstating)

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 S.A. 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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

☐ Change

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 (508) 457-4154
Date Daytime Phone #

CR2E034 (11/98)

0185045