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** Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90023 021 ***150.00

DOCUMENT # V02124

1. Corporation Name

BIBA, IN	G.									
5		Mailing Addres					 		HOLD BLOCK BLOCK OF	iii eien jee
Principal Place		.	4							
3300 S. CONGR	RESS AVE.	3300 S. CONGI SUITE 1	HESS AVE.							
BOYNTON BEACH FL 33426-9058 BOYNTON BEACH FL 3342			CH FL 33426-9	9058			DO NOT W	RITE IN THIS	SPACE	
						3. Date Inc	orporated or Qualife	ed		
						12/24/	1991			
2. Principal P	lace of Business	2a. Mailing Ad	Idress			4. FEI Num		,	App	lied For
21	•	26				65-035	55107			Applicable
Suite, Apt.	#, etc	Suite, Apt.	#, etc.			E Certificat	e of Status Desired		\$8.75 A	
22	·	27				J. Ochmodi			Fee Rec	quired
City & State	е	City & Star	te			6. Election	Campaign Financin	g □.	\$5.00	
23		28				Trust Fu	nd Contribution		Added to	Fees
Zip	Country	Zip		Country	<i>'</i>		poration owes the co	urrent year Int	angible	
24 =	25	29	3(0			Property Tax.			₽No
	9. Name and Address of Current	t Registered Agen	nt		T 55	10. Name a	nd Address of Nev		Agent	
	D. MADIENE			81	Name	AWAD	KOBET	27		
	ND, MARLENE			82		ddress (P.O. Box I	Number is Not Acce			
f .	CHAPEL HILL BLVD.			<u> </u>	911	CHAPE	<u>L HILL</u>	DLVD		
BOX	NTON BEACH FL 33435			83			•			
				-	<u> </u>				85 Zip C	ode
!				184	City 15					
			_	84	150	YNTON BE	PACH	FL	. 33	435
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11. Pursuant office or r	to the provisions of Sections 607,0502 egistered agent, of both, in the State of m familiar with And accept the obligat	2 and 607.1508, Floor of Florida. Such and ions of, Section, 60	orda Statutes, ange was auth 7.0505, Florid		e-named co	YNTON BE orporation submits ation's board of dir	this statement for the rectors. I hereby acc		changing its intment as reg	435 registered istered
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6.4 CITY-ST-ZIP 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 or an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

561-136-3863.

☐ Change

☐ Addition