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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V14930

1. Corporation Name

B.W.G. I	PHOPESSIONAL SERVICES	o conr.	<i>'</i> .					
Principal Plac	e of Business	Mailing Address			1 14611 \$1150 11611 21615		3121, 4,51, 51411 5	
1840 W 49 STI		1840 W 49 STREET						
STE. 605 HIALEAH FL 33012		STE. 605 Hialeah Fl. 33012		DO NOT	WRITE IN TH	IIS SPACE		
US :		US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
					02/17/1992			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Api	plied For
21		26			65-0330244		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desir	ed 🗆	\$8.75 A	Additional
22	• • •	27			5. Certificate of Status Desir	e o □	Fee Re	quired
City & Stat	e	City & State			6. Election Campaign Finan	cing	\$5.00	May.Be
23	*.	28			Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Countr	y	8. This corporation owes the	e current year		
24	. 25	29	30		Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	ent Registered Agent		т	10. Name and Address of N	lew Register	ed Agent	
. GEB	MOSEN, BERNARDO A.	<i>*</i>	81	Name	1			
	W 49 STREET	*	82	Street Add	dress (P.O. Box Number is Not Ac	ceptable)		
1	. 605	·			Land State Control		400	12. F. S. 1074
			83	¥		3		
niAL	EAH FL 33012		84	City		-	95 7in C	Code
	8.4°	1995	-	1 5.7		F	' L '	
agent.la	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	502 and 607.1508, Florida Statu e of Florida. Such change was a gations of, Section 607.0505, Flo	ites, the above authorized by prida Statute	re-named cor the corporat s.	poration submits this statement fo tion's board of directors. I hereby	r the purpose accept the app	of changing its pointment as reg	registered gistered
11. Pursuant office or ragent. I a SIGNATURE	m familiar with, and accept the oblig Signature, typed or printed name of registered ag	pations of, Section 607.0505, Fig. pent and title if applicable. (NOTI ND DIRECTORS	onda Statute:	S.	poration submits this statement for tion's board of directors. I hereby red when reinstating) ADDITIONS/CHANGES TO	DATE	AND DIRECTO	RS IN 12
agent. I a	m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D	gations of, Section 607.0505, Figure and title if applicable. (NOTI	E: Registered Age	S.	red when reinstating)	DATE	, <u>, , , , , , , , , , , , , , , , , , </u>	
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14. 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 point 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 received private 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 attention with an address, with all other like empowered.

SIGNATURE:

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90014 017 ***150.00