

**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 # 394252 (1)**

1. Corporation Name  
**BOATMEN'S INDUSTRIES, INC.**



Principal Place of Business Mailing Address  
**3660 N.W. 41ST STREET MIAMI FL 33142**

3. Date Incorporated or Qualified **01/18/1972** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-1433059** 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

**9. Name and Address of Current Registered Agent**

**FERNANDEZ, EMELINA  
1197 SW 133 PL  
MIAMI FL 33142**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME	1 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>P MORALES, RAMON</b>	12 NAME	
	<b>218 N.W. S. RIVERA DR.</b>	13 STREET ADDRESS	
	<b>MIAMI FL 33128</b>	14 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	2 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		22 NAME	
		23 STREET ADDRESS	
		24 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	3 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	4 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	5 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	6 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 as an attachment with an address.

SIGNATURE: *Ramon Morales* **4/25/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (12/95)