

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 626872 (6)
 1. Corporation Name
BACAL INTERNATIONAL, INC.



Principal Place of Business
**235 NE 199TH LANE
 N MIAMI BCH FL 33179**

Mailing Address
**235 NE 199TH LANE
 N MIAMI BCH FL 33179-2931**

3. Date Incorporated or Qualified
06/14/1979

3a. Date of Last Report
04/19/1996

4. FEI Number
59-1913504

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
 21 **2375 SW 183rd TERRACE**

2a. Mailing Address
 26 **2375 SW 183rd TERRACE**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
MIRAMAR, FLORIDA

28 City & State
MIRAMAR, FLORIDA

24 Zip
33029

25 Country
BROWARD

29 Zip
33029

30 Country
BROWARD

9. Name and Address of Current Registered Agent
BACAL, SHIKE
~~**235 NE 199TH LANE**~~
~~**N. MIAMI BEACH FL 33179**~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2375 SW 183rd TERRACE

83

84 City **MIRAMAR** **FL** 85 Zip Code **33029**

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 _____ DATE _____
Sign in ink, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE
PTD
 NAME **BACAL, SHIKE**
 STREET ADDRESS ~~**235 NE 199TH LANE**~~
 CITY-ST-ZIP ~~**N. MIAMI BEACH FL**~~

TITLE DELETE
 NAME **S**
 STREET ADDRESS ~~**235 NE 199TH LANE**~~
 CITY-ST-ZIP ~~**N. MIAMI BEACH FL**~~

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **2375 SW 183rd TERRACE**
 1.4 CITY-ST-ZIP **MIRAMAR, FL 33029**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS **2375 SW 183rd TERRACE**
 2.4 CITY-ST-ZIP **MIRAMAR, FL 33029**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Shike Bacal* **SHIKE BACAL** **4/28/97** **305-593-9494**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)