FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000002344 (9)

1. Corporation Name
BCIE CALIFORNIA, INC.

Principal Place of Business	Mailing Address
7713 FAY AVE., STE. B LA JOLLA CA 92037	7713 FAY AVE., STE. B LA JOLLA CA 92037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1994
3a. Date of Last Report:

2. Principal Place of Business
21 6070 N. Federal Hwy
Suite, Apt. #, etc.
22 Ste 110
City & State
23 Boca Raton, FL
Zip / County
24 33487 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip / County
29 30

4. FEI Number: 33-0451884 ☐ 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

9. Name and Address of Current Registered Agent

CAMARA, AUGUSTO
6070 N. FEDERAL HWY. #110
BOCA RATON FL 33487

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable — (DATE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPST	11 TITLE	President, Director	☒ Change ☐ Addition
NAME	CAMARA, AUGUSTO	12 NAME	Augusto Camara	
STREET ADDRESS	23486 TORRE CIRCLE	13 STREET ADDRESS	23486 Torre Cir.	
CITY-ST-ZIP	BOCA RATON FL 33433	14 CITY-ST-ZIP	Boca Raton, Fl 33433	
TITLE	D	21 TITLE	Vice-Presd., Secretary	☒ Change ☐ Addition
NAME	CAMARA, JOSENILZA	22 NAME	Roberto Camara	
STREET ADDRESS	23486 TORRE CIRCLE	23 STREET ADDRESS	5670 NW 74th Pl. Apt. 205	
CITY-ST-ZIP	BOCA RATON FL 33433	24 CITY-ST-ZIP	Coconut Creek, Fl 33073	
TITLE	D	31 TITLE		☐ Change ☒ Addition
NAME	CAMARA, LUCIANA	32 NAME		
STREET ADDRESS	880 SW 86TH AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324	34 CITY-ST-ZIP		
TITLE		41 TITLE	Director	☒ Change ☐ Addition
NAME		42 NAME	Josenilza Camara	
STREET ADDRESS		43 STREET ADDRESS	23486 Torre Cir.	
CITY-ST-ZIP		44 CITY-ST-ZIP	Boca Raton, fl 33433	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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: (X) _____ 4-24-95 (407) 975-9494
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
AUGUSTO CAMARA

0401712 FP