

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H05200** (1)

1. Corporation Name

BOCALEP, INC.



Principal Place of Business

**20803 BISCAYNE BLVD
STE 200
AVENTURA FL 33180
US**

Mailing Address

**20803 BISCAYNE BLVD
STE 200
AVENTURA FL 33180
US**

3. Date Incorporated or Qualified

05/23/1984

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BEDZOW, MICHAEL
20803 BISCAYNE BLVD, STE 200
AVENTURA FL 33180**

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 607.1503, 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

Signature, typed or printed name of registered agent, and date of signature

Signature, typed or printed name of new registered agent, and date of signature

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DPT
LEPINE, RENE G.
1115 SHERBROOKE ST. W.
MONTREAL, QUE., CANADA**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**VS
LEPINE, RENE H.
1115 SHERBROOKE ST W
MONTREAL QUEBEC, CAN**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**AS
SCHWARTZ, RICHARD
126 N. OCEAN BLVD.
DELRAY BCH. FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE
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STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

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☐ Change ☐ Addition

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, or authorized 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 both, or attached with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/96

Day/State/Province

CR2E034 (12/95)