

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90160 043 ***158.75

DOCUMENT # L26364

1. Corporation Name
BOCA IMPORT-EXPORT, INC.

Principal Place of Business
% RICHARD A. MURDOCH
990 N. FEDERAL HIGHWAY, SUITE 410
FT LAUDERDALE FL 33432
US

Mailing Address
PO BOX 21066
990 N. FEDERAL HIGHWAY, SUITE 410
FT LAUDERDALE FL 33335
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1989

4. FEI Number

65-0171820

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 owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

Country

23

Zip

Country

28

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURDOCH, RICHARD A
C/O DICKENSON, MURDOCH, REX AND SLOAN
980 N. FEDERAL HWY., #410
BOCA RATON FL 33432

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KARRAM, ELIAS
STREET ADDRESS 3825 S. RIDGE AVE.
CITY-ST-ZIP W. VANCOUVER, BC

1.1 TITLE D
1.2 NAME TEWFICK S. JOSEPHS
1.3 STREET ADDRESS 4355 N.W. 64 AVENUE
1.4 CITY-ST-ZIP CORAL SPRINGS, FL. 33067

TITLE DST
NAME KARRAM, ALTHEA
STREET ADDRESS 3825 S. RIDGE AVE.
CITY-ST-ZIP W. VANCOUVER, BC

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME KARRAM, MICHAEL
STREET ADDRESS 3825 S. RIDGE AVE.
CITY-ST-ZIP W. VANCOUVER, BC

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

TITLE D
NAME IMBER, SONJIA
STREET ADDRESS 3825 S. RIDGE AVE.
CITY-ST-ZIP W. VANCOUVER, BC

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

TITLE D
NAME KARRAM, CHRISTOPHER
STREET ADDRESS 3825 S. RIDGE AVE.
CITY-ST-ZIP W. VANCOUVER, BC

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

TITLE D
NAME PHILLIPS, GRAHAM J.
STREET ADDRESS 2 GOALER'S MEWS
CITY-ST-ZIP GASTOWN VA

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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 4, 1999 (954) 524-1991

Date

Daytime Phone #

CR2E034 (11/98)

0318426