

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 # L42483 (2)

1. Corporation Name

BORDER ENTERPRISES ONSHORE, INC.



Principal Place of Business

Mailing Address

336 SEVILLA AVENUE
102
CORAL GABLES FL 33134
US

336 SEVILLA AVE
STE 102
CORAL GABLES FL 33134
US

2. Principal Place of Business

2a Mailing Address

21 340 MINORCA AV.

26 340 MINORCA AV.

22 Suite #, etc.

27 Suite #, etc.

23 City & State

28 City & State

23 CORAL GABLES, FL

28 CORAL GABLES, FL

24 33134

25 DADE

29 33134

30 DADE

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/12/1990

3a. Date of Last Report

02/13/1995

4. FEI Number

65-0166048

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

10. Name and Address of New Registered Agent

81 Name REBOREDO, GASTON JR.

82 Street Address (P.O. Box Number is Not Acceptable)

340 MINORCA AV.

83 SUITE 7

84 City CORAL GABLES

FL

85

33134

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 *GASTON REBOREDO*

1/12/96

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY-STATE- ZIP DPS REBOREDO, GASTON JR., 1107 ADVANA AVE CORAL GABLES FL DVT REBOREDO FERNANDEZ, G 1107 ADVANA AVE CORAL GABLES FL V REBOREDO, REBECA 336 SEVILLA AVE SUITE 102 CORAL GABLES FL	1. TITLE NAME STREET ADDRESS CITY-STATE- ZIP D, P, I REBOREDO, GASTON JR. 340 MINORCA AV. #7 CORAL GABLES, FL 33134 2. TITLE NAME STREET ADDRESS CITY-STATE- ZIP D, VP, S REBOREDO F. GASTON 340 MINORCA AV. #7 CORAL GABLES, FL 33134 3. TITLE NAME STREET ADDRESS CITY-STATE- ZIP D, VP REBOREDO, MAMIMA 340 MINORCA AV. #7 CORAL GABLES, FL 33134
☐ DELETE	☒ Change ☐ Addition
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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 on an attachment with an address.

SIGNATURE: *GASTON REBOREDO* 1/12/96 (905) 587-0488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/12/96 Telephone: (905) 587-0488

CR2E034 (12/95)

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