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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 21 1998 8:00am Secretary of State

DOCUMENT # L42483 (2) 1. Corporation Name BORDER ENTERPRISES ONSHORE, INC.					
Principal Place of Business		Mailing Address			824 01031 01011 01011 8 1011 1884
1112 WESTON RD.		1112 WESTON RD.			
#168		#168			
WESTON FL 33926		WESTON FL 33326		DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	
2 Principal P	lace of Business	2a, Mailing Address		01/12/1990 4. FEt Number	Applied For
21	ideo of Eddinoss	26		65-0166048	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	29	30	Personal Property Tax due June 30.	Yes No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
	BOREDO, GASTON JR.		81 Name		
1112 WESTON RD.			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
#168			83		·
WE	STON FL 33326		65		
			84 City	F	85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607 0502 egistered agent, or both, in the State om familiar with, and accept the obliga	and 607.1508, Florida Statute of Florida. Such change was a tions of, Section 607.0505, Flo	es, the above-named con outhorized by the corpora orida Statutes.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap-	of changing its registered opointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE	Registered Agent signature requ	uired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AF	
TALE	DPT	☐ DELETE	1.1 TITLE	Asmu Ta	Change Addition
NAME	REBOREDO, GASTON FR.,		1.2 NAME	EBOREDO, GASTON TR. 501 BRICKELL AVE. APT. 701	
STREET ADDRESS	1107 ADUANA AVE.		1.3 STREET ADDRESS	MIAMIL PL 33129	
CITY-ST-ZIP	CORAL GABLES FL 33146 DVPS	DELETE		MIAMI, FL 33129	Change Addition
TITLE	GASTON, ROBEREDO F	□ perese	2.1 TITLE	CASTON TR.	Change Addition
NAME	2501 BRICKELL AVE. APT. 701		2.2 NAME	ZEBORFOO, GASTON TR.	-
STREET ADDRESS	CORAL GABLES FL 33129		2.3 STREET ADDRESS	UESTUN, FL 33327	
CITY-ST-ZIP TITLE	DVP	DELETE	2. 4 C/1Y - ST - Z/P 3.1 T/TLE	UES104, 10 3227	Change Addition
NAME	REBOREDO, MARINA	C. Peccie	3.2 NAME		
STREET ADDRESS	2501 BRICKELL AVE. APT. 701		3.3 STREET ADDRESS		ļ
CITY-ST-ZIP	CORAL GABLES FL 33129		3.4. CITY-ST-ZIP		
TITLE	AVP	☐ DELETÉ	41 TiTLE	IVP	Change Addition
NAME	REBOREDO, REBECA		4. 2 NAME	LEBOREDO, REBECA	
STREET ADDRESS	1107 ADUANA AVE.		4.3 STREET ADDRESS 2	CEBOREDO, REBECA 566 JAKOÍN WAY NESTON, FL 33327	
CITY-ST-ZIP	CORAL GABLES FL 33146		4.4 CITY-S1-ZIP	UESTON, FL'33327	,
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-SY-ZIP		h this films does not a saith to	6.4 CITY-ST-ZIP	n Section 119 07/3/(i) Florida Statutas I further	

I nereby 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 informatio 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.