

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 27, 1999 8:00 am  
Secretary of State

02-27-1999 90052 014 \*\*\*150.00

DOCUMENT # L42483

1. Corporation Name

BORDER ENTERPRISES ONSHORE, INC.



Principal Place of Business

1112 WESTON RD.  
#168  
WESTON FL 33326  
US

Mailing Address

1112 WESTON RD.  
#168  
WESTON FL 33326  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1990

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 owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

REBOREDO, GASTON JR.  
1112 WESTON RD.  
#168  
WESTON FL 33326

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT  
NAME REBOREDO, GASTON JR.  
STREET ADDRESS 2501 BRICKELL AVE. APT 701  
CITY-ST-ZIP MIAMI FL 33129

DELETE

TITLE DVPS  
NAME GASTON, ROBEREDO F  
STREET ADDRESS 2566 JARDINE WAY  
CITY-ST-ZIP WESTON FL 33327

DELETE

TITLE DVP  
NAME REBOREDO, MARINA  
STREET ADDRESS 2501 BRICKELL AVE. APT. 701  
CITY-ST-ZIP CORAL GABLES FL 33129

DELETE

TITLE AVP  
NAME REBOREDO, REBECA  
STREET ADDRESS 2566 JARDINE WAY  
CITY-ST-ZIP WESTON FL 33327

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

DPT  
GASTON REBOREDO JR.  
2566 JARDINE WAY  
WESTON, FL 33327

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/98)