


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

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90118 022 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L59540**

1. Corporation Name  
**BVC CORPORATION OF AMERICA, INC.**



Principal Place of Business 1617 N. FLAGLER DR. #3B WEST PALM BCH. FL 33407 US	Mailing Address P. O. BOX 2637 PO BOX 2637 PALM BCH FL 33480 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1717 N. Flagler Dr Suite, Apt. #, etc. 22 STE 2 City & State 23 West Palm BCH, FL Zip Country 24 33407 25 US	2a. Mailing Address 26 P.O. Box 2618 Suite, Apt. #, etc. 27 City & State 28 Palm BCH FL Zip Country 29 33480 30 US
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3. Date Incorporated or Qualified: 03/23/1990	Applied For Not Applicable
4. FEI Number 65-0211121	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MEGY, HECTOR  
 1617 N. FLAGLER DR  
 #11A  
 WEST PALM BCH FL 33407

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1717 N. Flagler Dr
83	STE 2
84 City	West Palm BCH FL
85 Zip Code	33407

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	MEGY, HECTOR	
STREET ADDRESS	1617 N. FLAGLER DR., #11A	
CITY-ST-ZIP	WEST PALM BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1717 N. Flagler Dr
1.4 CITY-ST-ZIP	West Palm BCH, FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Hector C. Megy SIGNATURE: Hector C. Megy DATE: 4/24/99 DAYTIME PHONE #: (561) 832-3945

CR2E034 (1/198)