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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

| _ · · _ · | | | - | |
|----------------------|-------|---|----|-------------|
| DOCL | IMENT | # | PO | 5747 |

(7)

1. Corporation Name

BITOR AMERICA CORPORATION

| Principal Piace | of Business | Maling Address | | | | | | |
|--|---|--|--|---|---|---------------------------------------|-------------------------|-----------|
| 5100 TOWN CENTER CIRCLE 5100 TOWN CENTER CIRCLE | | | | | | | | |
| STE. 450 BOCA RATON FL 33486 | | STE. 450 | | | | | | |
| | | BOCA RATON FL 33 | BOCA RATON FL 33486 | | 3. Date Incorporated or Qualified 08/22/1989 | 3a. Date of Last Report 02/14/1995 | | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applie | d For |
| [1] | | 26 | | | 58-1854914 | | Not A; | pplicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc | | | 5. Certificate of Status Desired | п ; | \$8.75 Add | |
| 2 | | 27 | | | | | Fee Requi | |
| City & State | 9 | Oity & State | | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 Ma Added to F | |
| 23 | | 28 | Country | | 8. This corporation has liability for | | | |
| Zip [2] | Country | Zip 29 | 30] | | | intalogicie tax t i ∐No | 1100 5 100.0 | JUK 1 |
| 4 | 25 9. Name and Address of Currer | | | | 10. Name and Address of New I | | ent | |
| | | , | 81 | Name | | | | |
| OT COD | PORATION SYSTEM | | | Charat Add | fress (P.O. Box Number is Not Acceptal | | | |
| | PINE ISLAND ROAD | | 82 | Street Add | aress (F.O. Dox Number is Not Acceptain | лед | | |
| | TION FL 33324 | | 83 | | | | | |
| FLANIA | HORTE 03027 | | ļ | | | т | nel 7 O | |
| | | | 84 | City | | FL | 85 Zip Cod | ю |
| 11. Pursuant t | to the provisions of Sections 607.0502 | 2 and 607.1508, Florida Sta | ntutes, the above i | named corpo | oration submits this statement for the pu | irpose of chang | jing its registe | ered offi |
| or register | red agent, or both, in the State of Flori ith, and accept the obligations of, Sec | ida. Such change was autho | orized by the cord | oration's boa | ard of directors. Thereby accept the app | ointment as re | gistered agen | it. Lam |
| | in, and accept the obligations of, sec | nort cor .ookki, i kerka otek | nes. | | | | | |
| SIGNATURE | Styriature, typed or printed number of registered agen- | il and title it applicable | NOTE Registered Age | itsgoalare regar | ned what recession g | DAIL | | |
| 12. | | ID DIRECTORS | 13. | | ADD:110NS/CHANGES 10 OF | ICERS AND D | IRECTORS IN | V 12 |
| TITLE | DC | DELETE | 1 1 Df. E | | | | Change | Addition |
| NAME | ZEMELLA, JORGE | | 1.2 NAME | | | | | |
| STREET ADDRESS | APARTADO 3470 | | 1.3 STREET | ADDRESS | | | | |
| (17Y-S1-Z0F | CARACAS, VENEZUELA | | 1.4 C/TY - 5 | 1 - 71P | | | | |
| TILLE | P | [] DELFTE | 2 1 7 11 F | | | | Change [] | Addition |
| NAME | PULGAR, JUAN J | | 2.2 NAME | ĺ | | | | |
| STREET ADDRESS | 5501 N MILITARY TRAIL #10 | 9 | 2.3 STREE | ADDRESS | | | | |
| (4Y ST-ZP | BOCA RATON FL | | 24 CITY - S | 01 - 7 P | | | | |
| TITLE | D | DELETE | 3 1 HFLE | | *************************************** | | Change 🔲 | Addition |
| NAME | QUINTERO, HORACIO | | 3.2 NAME | | | | | |
| STREET ADDRESS | APARTADO 3470 | | 33 STHEE | LADDRESS | | | | |
| CITY - ST - ZIP | CARACAS, VENEZUELA | | 3.4 CITY - 5 | ST - ZIF' | | | | |
| THE | l v | DELFTE | 4 1 111.6 | | | | Change 🔲 | Addition |
| NAME | HERNANDEZ-CARSTENS, ED |)U. | 4.2 NAME | | | | | |
| STREET ADDRESS | 3496 PINEHAVEN CIR | | 43S EE | ADDRESS | | | | |
| CHY-SI-ZIP | BOCA RATON FL | | 4.4 C () | ST - ZIE* | | | | |
| HILE | † v | DELFTE | 5 1 1 F | | | | Change 🔲 | Addition |
| NAME | MEDINA, CARLOS | | 52N | [| | | | |
| STREET ADDRESS | 21929 HOLLEY TREE WAY | | 538 | ADDRESS | | | | |
| CHY \$1-ZIP | BOCA RATON FL | | 5.4 | sz - 7iP | | | | |
| 1911 | | ☐ DELETE | 6.1 | | | | Change 🔲 | Addition |
| NAME | | | 6.21 | | | | | |
| STREET ADDRESS | | | 635 (| LADDRESS | | | | |
| | | | | ST - 20P | | | | |
| CHY-S1-ZIP 14. I do herel certify that oath: that | by certify that the information supplied at the information indicated on this and I I am an officer or director of the corp in Block 12 or Block 13 if changed, or | nual report or supplemental poration or the receiver or tru | furnished and the annual report to trustee empowered | ST-ZIP es not qualify ue and accu | r for the exemption stated in Section 11 rate and that my signature shall have the his report as required by Chapter 607, I | e same legal ef | fect as if mad | io un |

SIGNATURE:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/28/96 (467)3920026

. 1 (BB) (BB) 1 (B (180) B) 1 (B) 1 (B)