

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Candace B. Northing
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000052519 (4)**

1. Corporation Name

B.L. CLIPPER INTERNATIONAL, INC.



Principal Place of Business

**3802 NE 207TH ST
2204
N MIAMI BEACH FL 33180
US**

Mailing Address

**3802 NE 207TH ST
2204
N MIAMI BEACH FL 33180
US**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

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State, Apt. #, etc.

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City & State

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City & State

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Zip Country

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Zip Country

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g. Name and Address of Current Registered Agent

**LEVIS, VICTOR
20315 NORTHEAST 19TH COURT
NORTH MIAMI BEACH FL 33179**

81

Name

82

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

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84

City

FL

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Zip Code

11. Pursuant to the provisions of Sections 607.04(2) and 607.04(3), 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 607.04(3)(b), Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

NAME
P
NAME
LEVIS, BARBARA
STREET ADDRESS
3802 N.E. 207 ST. #2204
CITY, STATE, ZIP
AVENTURA FL
TITLE
VP
NAME
LEVIS, VICTOR
STREET ADDRESS
20315 N.E. 19 CT.
CITY, STATE, ZIP
MIAMI FL
TITLE
MD
NAME
LEVIS, J M
STREET ADDRESS
3802 NE 207TH ST 2204
CITY, STATE, ZIP
AVENTURA FL
TITLE
NAME
NAME
STREET ADDRESS
CITY, STATE, ZIP
TITLE
NAME
NAME
STREET ADDRESS
CITY, STATE, ZIP
TITLE

P
LEVIS, BARBARA
3802 N.E. 207 ST. #2204
AVENTURA FL
VP
LEVIS, VICTOR
20315 N.E. 19 CT.
MIAMI FL
MD
LEVIS, J M
3802 NE 207TH ST 2204
AVENTURA FL

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, STATE, ZIP
5. NAME
6. STREET ADDRESS
7. CITY, STATE, ZIP
8. NAME
9. STREET ADDRESS
10. CITY, STATE, ZIP
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97. CITY, STATE, ZIP
98. NAME
99. STREET ADDRESS
100. CITY, STATE, ZIP

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14. I, the undersigned, certify that the information supplied with this filing is true and correct. I further certify that I am a duly qualified officer or director of the corporation and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Jay 17' 96
(305) 937-2043

CR2E034 (12/95)