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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000084137 (7)

1. Corporation Name
BOWRAIN CORP.

Principal Place of Business
241 SEVILLA AVE
SUITE 805
CORAL GABLES FL 33134

Mailing Address
241 SEVILLA AVE
SUITE 805
CORAL GABLES FL 33134-6800

3. Date Incorporated or Qualified 12/09/1993
3a. Date of Last Report 09/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0458940

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE LA CRUZ, LUIS F JR
241 SEVILLA AVE
SUITE 805
CORAL GABLES FL 33134

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RUIZ-CLAVIJO, DANIEL A
STREET ADDRESS 241 SEVILLA AVE #805
CITY-ST-ZIP CORAL GABLES FL 33134

1.1 TITLE PD
1.2 NAME ALBARRAN RUIZ-CLAVIJO, DANIEL
1.3 STREET ADDRESS 241 SEVILLA AVE # 805
1.4 CITY-ST-ZIP CORAL GABLES FL. 33134

TITLE VSD
NAME CELIS, RODOLFO B
STREET ADDRESS 241 SEVILLA AVE #805
CITY-ST-ZIP CORAL GABLES FL 33134

2.1 TITLE VSD
2.2 NAME BECKER CELIS, RODOLFO
2.3 STREET ADDRESS 241 SEVILLA AVE # 805
2.4 CITY-ST-ZIP CORAL GABLES FL. 33134

TITLE TD
NAME LIZAMA, ROBERTO P
STREET ADDRESS 241 SEVILLA AVE #805
CITY-ST-ZIP CORAL GABLES FL 33134

3.1 TITLE TD
3.2 NAME OVANDO ZEBAYOS, HUGO
3.3 STREET ADDRESS 241 SEVILLA AVE # 805
3.4 CITY-ST-ZIP CORAL GABLES FL. 33134

TITLE VD
NAME DE LA CERDA PETRIE, ENRIQUE
STREET ADDRESS 241 SEVILLA AVE #805
CITY-ST-ZIP CORAL GABLES FL 33134

4.1 TITLE VD
4.2 NAME TORREALBA DEL PEDREGAL, RAUL
4.3 STREET ADDRESS 241 SEVILLA AVE # 805
4.4 CITY-ST-ZIP CORAL GABLES FL. 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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 as an attachment with an address.

SIGNATURE: X *Jan Orlan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97 (305) 446-0100
Date Daytime Phone #

CR2E034 (9/96)