

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

9. Name and Address of Current Registered Agent

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

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	PD	<input type="checkbox"/> DELETE
NAME	RUIZ-CLAVIJO, DANIEL ALBARRA	
STREET ADDRESS	241 SEVILLA AVE #805	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	BEQUER CELIS, RODOLFO	
STREET ADDRESS	241 SEVILLA AVE #805	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	OVANDO ZEBALOS, HUGO	
STREET ADDRESS	241 SEVILLA AVE #805	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	DEL PEDREGAL, RAUL TORREALBA	
STREET ADDRESS	241 SEVILLA AVE #805	
CITY-ST-ZIP	CORAL GABLES FL	

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	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BARRIENTOS DELGADO, SADY	
1.3 STREET ADDRESS	241 SEVILLA AVE # 805	
1.4 CITY-ST-ZIP	CORAL GABLES 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL ALBARRAN RUIZ-CLAVIJO

07/04/98

Date

Daytime Phone # 0190489

CR2E034 (10/97)