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

**PROFIT** CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000032442 (3)**

## **BOSCO TRADE INTERNATIONAL CORPORATION**

Principal Place of Business Mading Address 1120 1/2 N COLLIER BLVD 1120 1/2 N COLUER BLVD MARCO ISLAND FL 33937 MARCÓ ISLAND FL 34145-2547 3. Date Incorporated or Qualified 3a. Date of Last Report 04/28/1994 01/24/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0497243 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζφ Country Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GREUSEL, JAMIE B % Berry & Greusel 82 Street Address (P.O. Box Number is Not Acceptable) 1104 N. COLLIER BLVD. 83 MARCO ISLAND FL 33937 84 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 Signal exityped or printed name of registeric agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition DELETE Change PST TITLE 1.1 TITLE MAGNABOSCO, GLOVANNI NAME 1.2 NAME 1120 1/2 N COLLIER BLVD 1.3 STREET ADDRESS STREET ADDRESS MARCO ISLAND FL CITY-\$1-7P 1.4 CITY - ST - ZIP DELETE Change Addition THILE 2.1 TITLE SIONORIN, LUISA 2.2 NAME NAME 1120 1/2 N COLLIER BLVD 2 3 STREET ADDRESS STREET ADDRESS MARCO ISLAND FL 2. 4 CITY - ST- ZIP CITY - ST-ZIF DELETE Addition 3.1 TITLE Change TITLE MAGNABOSCO, GIUSEPPE 3.2 NAME NAME 1120 1/2 N COLLIER BLVD 33 STREET ADDRESS STREET ADDRESS MARCO ISLAND FL CITY - \$1 - ZIP 3 4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 6 1 TITLE TITLE 62 NAME NAME STREET ADDRESS 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, oxigon an attachment with an address

FILED Jan 24 1997 8:00am Secretary of State

**CR2E034** 

Daytime Phone #

Date

