

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # P94000032643 (6)

1. Corporation Name

BCI FILTRATION SYSTEMS CORP.



Principal Place of Business

2841 SW 69TH CT
MIAMI FL 33155

Mailing Address

2841 SW 69TH CT
MIAMI FL 33155

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt., etc.

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Suite, 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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9. Name and Address of Current Registered Agent

PEREZ-DEALEJO, AMERICA
2841 SW 69TH CT
MIAMI FL 33155

3. Date Incorporated or Qualified

04/28/1994

3a. Date of Last Report

04/17/1995

4. FEI Number

65-0486803

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

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 607.0602 and 607.1401, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of corporation officer or director (Print Name)

Signature of Registered Agent (Print Name)

Date

12. OFFICERS AND DIRECTORS

1. TITLE

D

PEREZ-DEALEJO, AMERICA
10460 SW 27TH ST
MIAMI FL 33165

☐ DELETE

2. STREET ADDRESS

3. CITY, ST, ZIP

1. TITLE

D

PEREZ-DEALEJO, MARIA
12365 SW 18TH ST APT 402
MIAMI FL 33175

☐ DELETE

2. STREET ADDRESS

3. CITY, ST, ZIP

1. TITLE

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NAME

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

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201. TITLE

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