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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000032643 (6)

BCI FILTRATION SYSTEMS CORP.

Principal Place of Business Mailing Address									
2841 SW 69TH		· ·	2841 SW 69TH CT						
MIAMI FL 3315		MIAMI FL 33155-2829							
						3. Date Incorporated or Qualified	3a. Date		eport
	The second secon					04/28/1994	03/18	`	
⊢ ¬	ace of Business	2a. Mailing Address				4. FEI Number			oplied For
Suite, Apt	44	26 Suite, Apt. #, etc. 27 City & State 28				····			ot Applicable
h	#, U.C.				5. Certificate of Status Desired S8.75 Additional				
City & State					Fee Required				
!					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	7ip	Cou	ntrv		· · · · · · · · · · · · · · · · · · ·	_=		
24	25	29	30			8. This corporation has liability for in Florida Statutes	Yes		. 199.032,
== =	9. Name and Address of Curren		150	_		10. Name and Address of New Re			
PER	EZ-DEALEJO, AMERICA			B1	Name				
	SW 69TH CT					Address (D.O. Decklers to N.A.A.			
	MI FL 33155			82 Street Ad		dress (P.O. Box Number is Not Acceptable)			
,,,,,,				В3					
				84	City		FL	85 Zipi	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida State	utes, the al	00V6	a-named corp	oration submits this statement for the p	uroose of ch		s registered
l office or n	eg stered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change was	authorize	d by	the corporation	on's board of directors. I hereby accep	ot the appoin	tment as	registered
"	and accept the conge	anons di, Section 007.0303, i	ionua stat	Ules					
SIGNATURE	Signation typed or printed harve of registers diage	errand elle if applicable (NC	OTE Registere	d Age	nt signature require	ed when reinstating)	DATE		*************
12.	OFFICERS AN	DIDIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND D	IRECTOF	IS IN 12
TITLE	D	☐ DELETE	1.1 TI	TLE				Change	Addition
NAME	PEREZ-DEALEJO, AMERICA		1.2 N/	ME		1			
STREET ADDRESS	10460 SW 27TH ST		1.3 \$1	REET	ADDRESS		٠,	6	
CHTY - ST - ZIF	MIAMI FL 33165		1.4 CI	TY-S	r-zip			<u> </u>	
THLE	D	☐ DELET e	2 1 TI	1LE				Change	Addition
NAME	PEREZ-DEALEJO, MARIA		2.2 N/	ME		0000111181811	iorla	MAGE	. _
STREET ADDRESS	12965 SW 18TH ST APT 402	•	2.3 \$1	REET	ADDRESS /			****	<i>'</i>
COTY+ST-ZIF	MIAMI FL 99175				ST-ZIP	9385W 131 PLC 101AM1 1FL 33	154		<u> </u>
TOLE		L_ DELETE	3.1 TI	TLE			L.	Change	Addition
NAME			3.2 N/	AME					
STREET ADDRESS			3.3 S1	REET	ADDRESS				
CHY-ST-2IF				•	57 - ZIP			•	
TITLE		L DELETE	4.1 71				L.	Change	Addition
NAME			4. 2 N						
STREET ADDRESS			4.3 S1	EET	ADDRESS				
CITY - \$1 - ZIP					T-ZIP			T	
TITLE		☐ DELETE	5.1 71] Change	Addition
NAME			5.2 N/	ME					
STREET ADDRESS			5.3 \$1	REET	ADDRESS				
CHY-ST-ZIP			_		T-ZIP			•	
TITLE		☐ DELETE	6.1 TI	TLE		•	L.	Change	Addition
NAME			6.2 N/	AME					
STREET ADDRESS			63.51	REET	ADDRESS				

SIGNATURE:

14. I do hereby certify that the information supplied with

information indicated on this annual report or sup Lam an officer or director of the corporation or a appears in Block 12 or Brock 13 if changes of the

SIGNATURE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-97 (3)

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

finual poort is true and accurate and that my signature shall have the same legal effect as if made under oath; that If the see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Daytme Phone #

FILED

Jan 28 1997 8:00am

Secretary of State