

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000036425 (4)

1. Corporation Name

BOHIO U.S.A., Inc.

Principal Place of Business

285 N.W. 27th Ave.
Suite 25
Miami, Fl. 33125

Mailing Address

285 N.W. 27th Ave.
Suite 25
Miami, Fl. 33125

3. Date Incorporated or Qualified

05/10/94

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 285 N.W. 27th Ave.

26 285 N.W. 27th Ave.

4. FEI Number

65-0498865

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 25

27 25

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Miami, Fl. 33125

28 Miami, Fl. 33125

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33125

25 U.S.A.

29 33125

30 U.S.A.

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

Caballero-Rodriguez, Andrea A.
7625 Alhambra Blvd.
Miramar, Fl. 33023

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Andrea Caballero-Rodriguez *Andrea Caballero-Rodriguez* 4/10/96

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when translating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST	☐ DELETE
NAME	Caballero-Rodriguez, Andrea A.	
STREET ADDRESS	7625 Alhambra Blvd.	
CITY - ST - ZIP	Miramar, Fl. 33023	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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-04/17/96--01016--011
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Andrea Caballero-Rodriguez *Andrea Caballero-Rodriguez* 305-5441977
4/10/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Day(s) - Month - Year

CR2E034 (12/95)