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 # **P94000047538 (1)**

1. Corporation Name

BCS TRANSWORLD, INC.

Principal Place of Business	Mailing Address
6755 SW 39TH TERR MIAMI FL 33155 US	6755 SW 39TH TERR MIAMI FL 33155 US

2. Principal Place of Business
21 600 NE 36th ST
Suite, Apt. #, etc.
22 # 1701
City & State
23 MIAMI, FL
Zip 24 33137 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **06/24/1994**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **65-0500013** ☐ 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

9. **Name and Address of Current Registered Agent**

DA SILVA, BEATRIZ
1000 WEST AVE #526
MIAMI BEACH FL 33139

10. **Name and Address of New Registered Agent**

81 Name: DA SILVA, BEATRIZ
82 Street Address (P.O. Box Number is Not Acceptable): 600 NE 36 ST, # 1701
83 MI
84 City: MIAMI FL 85 Zip Code: 33137

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] BEATRIZ DA SILVA 05\15\96
Signature, typed or printed name of registered agent and title if applicable. DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	DA SILVA, BEATRIZ	
STREET ADDRESS	6755 SW 39TH TERR	
CITY-ST-ZIP	MIAMI FL	
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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	DA SILVA, BEATRIZ	
1.3 STREET ADDRESS	600 NE 36 ST, # 1701	
1.4 CITY-ST-ZIP	MIAMI, FL 33137	
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		

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: [signature] BEATRIZ DA SILVA 05\15\96 (305)5760072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)