

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northington
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

SE MAY - 1 AM 5:04

DOCUMENT # P94000060403 (0)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B.M.W. INC.

Principal Place of Business
**742 W. MCNAB ROAD
FT. LAUDERDALE FL 33309**

Mailing Address
**742 W. MCNAB ROAD
FT. LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/11/1994	3a. Date of Last Report
4. FEI Number 65-0509708	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. 198.031, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21 State Apt # etc	2a. Mailing Address 26 State Apt # etc
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25 Country	30 Country

9. Name and Address of Current Registered Agent

**BURGOS, MANUEL
572 NW 53RD AND
DELRAY BEACH FL 33445**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 607.0503, Florida Statutes.

SIGNATURE
I, Manuel Burgos, Registered Agent, hereby certify that the above information is true and correct.

12. Registered Agent (signature and printed name)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE D	1. NAME BURGOS, MANUEL
2. STREET ADDRESS 572 NW 53RD AVE.	2. STREET ADDRESS
3. CITY, ST, ZIP DELRAY BEACH FL 33445	3. CITY, ST, ZIP
4. TITLE D	4. NAME BURGOS, WILSON
5. STREET ADDRESS 2119 N.W. APPLE	5. STREET ADDRESS
6. CITY, ST, ZIP CHICAGO IL 60647	6. CITY, ST, ZIP
7. TITLE	7. NAME
8. STREET ADDRESS	8. STREET ADDRESS
9. CITY, ST, ZIP	9. CITY, ST, ZIP
10. TITLE	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS
12. CITY, ST, ZIP	12. CITY, ST, ZIP
13. TITLE	13. NAME
14. STREET ADDRESS	14. STREET ADDRESS
15. CITY, ST, ZIP	15. CITY, ST, ZIP

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law (see 1991 D.S. 100, Florida Statutes). I further certify that the information was filed in the public record of the governmental agency and is available to the public and that the corporation shall have the right to request other persons to make similar filings that can be relied on for all the purposes of the law (see 1991 D.S. 100, Florida Statutes). I further certify that the information was filed in the public record of the governmental agency and is available to the public and that the corporation shall have the right to request other persons to make similar filings that can be relied on for all the purposes of the law (see 1991 D.S. 100, Florida Statutes). I further certify that the information was filed in the public record of the governmental agency and is available to the public and that the corporation shall have the right to request other persons to make similar filings that can be relied on for all the purposes of the law (see 1991 D.S. 100, Florida Statutes).

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305-972-6952)

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ANNUAL REPORT

1995



DEPARTMENT OF STATE

Secretary of State

Office of State

1000 North West 1st Street

DOCUMENT # P94000060491 (5)

ENTERPRISE TRADING CORPORATION

APPROVED
AND
FILED

08/17/1994

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2 S BISCAYNE BLVD SUITE 2975
MIAMI FL 33131

2 S BISCAYNE BLVD SUITE 2975
MIAMI FL 33131

Date of Filing of this Report

3. Date of Report (if different) 3b. Date of Last Report
08/17/1994

2. Principal Office (City, State, and Zip)	2a. Mailing Address (City, State, and Zip)	4. Filing Number	Agreed Fee
21. 6950 Okeechobee Blvd.	26. 6950 Okeechobee Blvd.	65-0517689	Not Applicable
22. State of Florida	27. State of Florida	5. Certificate of Status (checked)	☒ \$8.75 Additional Fee Required
23. W. Palm Beach, FL	28. W. Palm Beach, FL	6. Election Campaign Finance and Report (checked)	☒ \$5.00 May Be Added to Fees
24. USA	29. USA	8. This corporation has not been found to be in violation of the Florida Statutes (checked)	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACDANIEL, JOHN M
2 S BISCAYNE BLVD SUITE 2975
ONE BISCAYNE TOWER
MIAMI FL 33131

81. Name	John M. MacDaniel, P.A.
82. Street Address (City, State, and Zip)	2 S. Biscayne Blvd., # 2975
83. City	Miami
84. State	FL
85. Zip Code	33131

11. I, the undersigned, being duly sworn, depose and say that the above information is true and correct, and that the same was prepared and verified by the undersigned or by a duly authorized agent of the corporation, and that the same is true and correct to the best of my knowledge and belief.

12. OFFICER, AND, IF APPLICABLE, SECRETARY	13. AGENT FOR SERVICE
D DE SOUZA, VILMAR P RUA AURELLANO COUTINHO 258 APT 83 SAO PAULO BRAZIL	Vice President Ricardo Najjar 2306 Cypress Bend Drive South, # 120-B Pompano Beach, FL 33069

14. I, the undersigned, certify that the information supplied with this filing is, to the best of my knowledge and belief, true and correct, and that the same was prepared and verified by the undersigned or by a duly authorized agent of the corporation, and that the same is true and correct to the best of my knowledge and belief.

SIGNATURE: x *Ricardo Najjar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 04.01.95 x 305.970.7241

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

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1995



FLORIDA DEPARTMENT OF STATE

Division of Corporations

Secretary of State

1900 Bank Building, Tallahassee, FL 32301

APPROVED
AND
FILED

8 MAY 1995

FILED
TALLAHASSEE, FLORIDA

DOCUMENT # P94000060503 (7)

MARCON INC.

Principal Office (if any)

7540 OVERLOOK DR.
LAKE WORTH FL 33467

Mailing Address

7540 OVERLOOK DR.
LAKE WORTH FL 33467

Do not write in this space

3. Date of expiration of license 08/17/1994	3a. Date of last report
4. Filing number 65-0520280	Agreed Fee Not Applicable
5. Certificate of Status Desired ☒ X	\$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	

2. Description of change	2a. Mailing Address
21. State, Apt. # etc.	26. State, Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

NOETH, RAYMOND A
7540 OVERLOOK DR.
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	

FL

11. Pursuant to the provisions of Sections 607.08(2) 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 607.08(2), Florida Statutes.

SIGNATURE

Name of agent and address of registered agent, as to be supplied.

Name of registered agent, as to be supplied when necessary.

Date of signature

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME RAYMOND A. NOETH PRES. 7540 OVERLOOK DR. LW FLA 33467	12.2 TITLE PRES.	13.1 NAME	13.2 TITLE
12.3 NAME DAVE VALARI V.P. SAME ADDRESS	12.4 TITLE V.P.	13.3 NAME	13.4 TITLE
12.5 NAME	12.6 TITLE	13.5 NAME	13.6 TITLE
12.7 NAME	12.8 TITLE	13.7 NAME	13.8 TITLE
12.9 NAME	12.10 TITLE	13.9 NAME	13.10 TITLE
12.11 NAME	12.12 TITLE	13.11 NAME	13.12 TITLE
12.13 NAME	12.14 TITLE	13.13 NAME	13.14 TITLE
12.15 NAME	12.16 TITLE	13.15 NAME	13.16 TITLE
12.17 NAME	12.18 TITLE	13.17 NAME	13.18 TITLE
12.19 NAME	12.20 TITLE	13.19 NAME	13.20 TITLE
12.21 NAME	12.22 TITLE	13.21 NAME	13.22 TITLE
12.23 NAME	12.24 TITLE	13.23 NAME	13.24 TITLE
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12.27 NAME	12.28 TITLE	13.27 NAME	13.28 TITLE
12.29 NAME	12.30 TITLE	13.29 NAME	13.30 TITLE
12.31 NAME	12.32 TITLE	13.31 NAME	13.32 TITLE
12.33 NAME	12.34 TITLE	13.33 NAME	13.34 TITLE
12.35 NAME	12.36 TITLE	13.35 NAME	13.36 TITLE
12.37 NAME	12.38 TITLE	13.37 NAME	13.38 TITLE
12.39 NAME	12.40 TITLE	13.39 NAME	13.40 TITLE
12.41 NAME	12.42 TITLE	13.41 NAME	13.42 TITLE
12.43 NAME	12.44 TITLE	13.43 NAME	13.44 TITLE
12.45 NAME	12.46 TITLE	13.45 NAME	13.46 TITLE
12.47 NAME	12.48 TITLE	13.47 NAME	13.48 TITLE
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12.61 NAME	12.62 TITLE	13.61 NAME	13.62 TITLE
12.63 NAME	12.64 TITLE	13.63 NAME	13.64 TITLE
12.65 NAME	12.66 TITLE	13.65 NAME	13.66 TITLE
12.67 NAME	12.68 TITLE	13.67 NAME	13.68 TITLE
12.69 NAME	12.70 TITLE	13.69 NAME	13.70 TITLE
12.71 NAME	12.72 TITLE	13.71 NAME	13.72 TITLE
12.73 NAME	12.74 TITLE	13.73 NAME	13.74 TITLE
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12.79 NAME	12.80 TITLE	13.79 NAME	13.80 TITLE
12.81 NAME	12.82 TITLE	13.81 NAME	13.82 TITLE
12.83 NAME	12.84 TITLE	13.83 NAME	13.84 TITLE
12.85 NAME	12.86 TITLE	13.85 NAME	13.86 TITLE
12.87 NAME	12.88 TITLE	13.87 NAME	13.88 TITLE
12.89 NAME	12.90 TITLE	13.89 NAME	13.90 TITLE
12.91 NAME	12.92 TITLE	13.91 NAME	13.92 TITLE
12.93 NAME	12.94 TITLE	13.93 NAME	13.94 TITLE
12.95 NAME	12.96 TITLE	13.95 NAME	13.96 TITLE
12.97 NAME	12.98 TITLE	13.97 NAME	13.98 TITLE
12.99 NAME	12.100 TITLE	13.99 NAME	13.100 TITLE

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that I am not liable for the information stated in Sections 13.01(2) and 13.01(3), Florida Statutes. I further certify that the information and data on the previous report or supplementary annual report is true and correct, and that my signature shall have the same legal effect as if supplied under oath. That I am an officer or director of the corporation or the person or persons authorized to make the report as required by Chapter 13.01, Florida Statutes, and that my name appears in Block 12 of Block 13 of the report or on an affidavit with an officer.

SIGNATURE: *Raymond A. Noeth* 3/30/95 968 7460 (407)