

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000061949 (1)

1. Corporation Name

BOCADEL ACQUISITION GROUP, INC.

Principal Place of Business

Mailing Address

16244 S. Military Trail, Suite #420
Delray Beach, Florida 33484

2. Principal Place of Business

2a. Mailing Address

21 16244 S. Military Trail

26 same

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 Delray Beach, FL 33484

28 Delray Beach, FL 33484

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRAUSS, RANDOLPH H
2625 NE 14TH AVE
SUITE 100
FT LAUDERDALE FL

81 Name Ira J. Coleman, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
83 410 McDermott, Will, & Emery
84 201 S. Biscayne Blvd
City Miami FL 85 Zip Code 33135-403

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

Ira J. Coleman

(NOTE: Registered Agent signature required when reinstating)

12/17/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME COMRAS, DAVID
STREET ADDRESS 1599 NW 9TH AVE
CITY - ST - ZIP BOCA RATON FL 33486

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

DPST
Change Addition
400002033854--3
-12/19/96--01060--002
****175.00 ****175.00

TITLE DST
NAME STRAUSS, GREGORY
STREET ADDRESS 1599 NW 9TH AVE
CITY - ST - ZIP BOCA RATON FL 33486

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Change Addition
400002033854--3
-12/19/96--01060--003
****200.00 ****200.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change Addition
400002033854--3
-12/19/96--01060--003
****200.00 ****200.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L. COMRAS

4/29/96 407-368-4223

Daytime Phone #

CR2E034 (12/95)