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

Mailing Address 200 NW 36TH ST

MIAMI FL 33127-3130

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400061983 (0)

B.C.S. ENTERPRISES INC.

Principal Place of Business

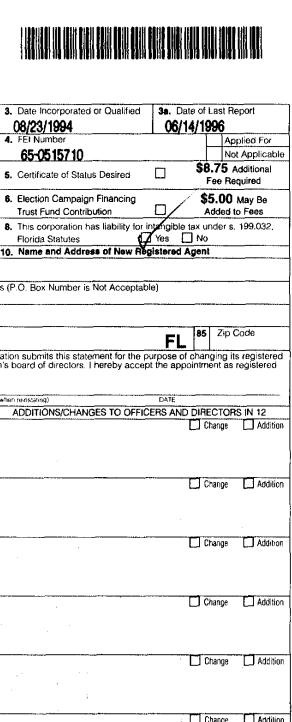
SIGNATURE:

200 NW 36TH ST MIAMI FL 33142

08/23/1994 06/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0515710 21 26 Not Applicable Spite, Apt. #, etc. Suite. Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Ш Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country $Z_{\rm ID}$ Country This corporation has liability for intangible tax under s. 199.032, 🛮 Yes 🔲 No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name SIDDIQUE, MOHAMMAD 200 NW 36TH ST Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33142** 83 84 City 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 registeria 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 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. Familiar with ano accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature type the precedurance of regulative Lagrettiand to entropolicians (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 T/TLE TITLE SIDDIQUE, MOHAMMAD 1.2 NAME NAME 200 NW 36TH ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33142 1.4 CITY -ST- ZIP CHY+ST-ZIF DELETE Change Addition 2 1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST-ZIP 01**-S1-78 DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELFTE Change __ Addition 4.1 TITLE TIFLE 4. 2 NAME MAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY+ST ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP C-TY-ST-ZIP DELETE Change Addition 6.1 TITLE THILE 6.2 NAME NAM: STREET ADDRESS 63 STREET ADDRESS CITY - ST - ZIP 64 CITY - ST - ZIP 14. I do hereby cert by that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclinated 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 of sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changes, or or an attaying ant with an address.

RINTED NAME OF SIGNING OFFICER OF DIRECTOR

	FILED
Jan 21	1997 8:00am
Secretary of State	



Daylinio Phone #