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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000076484 (2)

B C P INTERNATIONAL CORP.

FILED May 08 1997 8:00am Secretary of State



9861 S.W. 13	ce of Business CT. HNES FL 33025	Mailing Address P.O. BOX 452542 SUNRISE FL 33345-2542 US	P.O. BOX 452542 Sunrise Fl. 33345-2542			-			
					3. Date Incorporated or Qual 10/14/1994		ate of Las 18/1990		
2. Principal	Place of Business	2a. Mailing Address 26		,=	4. FEI Number 65-0530059			Applied For Not Applicable	
Suite, Ap	#, elc	Suite, Apt. #, etc.			5. Certificate of Status Desire	od 🔲	\$8.7	5 Additional Regulaed	
City & Sta	ite	City & State			6. Election Campaign Finance			0 May Be	
23	Country	Zip	Count	ту	Trust Fund Contribution 8. This corporation has liability 5. This corporation has liability		tax unde	r s. 199.032,	
24	9. Name and Address of Currel	29 nt Registered Agent	30	,	Florida Statutes 10. Name and Address of Ne	Yes [
RA	MOS, MARCOS V	in indiatora Marit	6	Name	(0, realist bits Assisse of the	, , , , og , ou , ou	Agon.		
98	61 S.W. 13 CT.		6:	Street Add	dress (P.O. Box Number is Not Acc	eptable)			
PE	MBROKE PINES FL 33025		8:	3		-			
			8	4 City			85 Z	ip Code	
				<u> </u>		FL	.	·	
agent I SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	Mary				4/20	2/97		
SIGNATURE	Securities typical or printed name of registeres ag OFFICERS AN	nent and trie it applicable (NO ND DIRECTORS	TE Registered A	gent signature req	julred when reinstating) ADDITIONS/CHANGES TO	6/20 DATE	2/97 DIRECT	ORS IN 12	
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I do hereby certify 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 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

BILLIOSE A. MARTINS