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Mar 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000076484 (2)

1. Corporation Name
B C P INTERNATIONAL CORP.

Principal Place of Business
9861 S.W. 13 CT.
PEMBROKE PINES FL 33025

Mailing Address
P.O. BOX 452542
SUNRISE FL 33345
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	9371 NW 37 MANOR	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	SUNRISE FLORIDA	28	
Zip	Country	Zip	Country
24	33351	25	USA
29		30	

3. Date Incorporated or Qualified	
10/14/1994	
4. FEI Number	Applied For
65-0530059	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 owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RAMOS, MARCOS V 9861 S.W. 13 CT. PEMBROKE PINES FL 33025		81 Name RAMOS, MARCOS V. 82 Street Address (P.O. Box Number is Not Acceptable) 10400 SW 49 PLACE 83 84 City COOPER CITY FL 85 Zip Code 33328	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	RAMOS, MARCOS V	1.2 NAME	RAMOS, MARCOS V
STREET ADDRESS	9861 S.W. 13 CT.	1.3 STREET ADDRESS	10400 SW 49 PLACE
CITY-ST-ZIP	PEMBROKE PINES FL 33025	1.4 CITY-ST-ZIP	COOPER CITY, FL 33328
TITLE	TD	2.1 TITLE	
NAME	MARTINS, JOSE A	2.2 NAME	
STREET ADDRESS	9371 N.W. 37TH MANORS	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	USD
NAME	TORRES, EDEN	3.2 NAME	TORRES, EDEN
STREET ADDRESS	1285 W. 80 STREET	3.3 STREET ADDRESS	19410 NW 82 PLACE
CITY-ST-ZIP	HALEAH FL 33014	3.4 CITY-ST-ZIP	MIAMI GARDENS, FL. 33015
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 3/16/98 (954) 846-4614

CR2E034 (10/97)