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

PROFIT **CORPORATION** ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000017322 (5)

BOCA INTERNATIONAL INVESTMENT, INC.

·				
Principal Place of Business Mailing Address				1 - 44011831 110 12101 21111 22111 02111 22111 02121 10012 (1110 11012 1101 1001
1101 S. FEDERAL HIGHWAY BOCA RATON FL 33432 BOCA RATON FL 33432			VAY	
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				03/02/1995
2. Principal Place of Business 28. Mailing Address				4. FEI Number Applied For
1 26		26		65-0567643 Not Applice
Suite, Apt. #, etc. Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
27				Fee Required
City & State City & State				6. Election Campaign Financing \$5.00 May Be
3		28	<u></u>	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
4	[25]		30	Personal Property Tax due June 30. X Yes No
	g. Name and Address of Currer	nt Registered Agent	ON Normal	10. Name and Address of New Registered Agent
	orshed, mohammad f		81 Name	MOHAMMAD . F . MORSHED
	00 A LINTON LAKE DRIVE		82 Street A	Address (P.O. Box Number is Not Acceptable)  O SPRING HARBOR DR/APT#P
DE	LRAY BEACH FL 33445		233	O SLKING HYGROK DK/WAILEL
			83	
			84 City D 4	ELRAY BEACH EL 85 38 999 C
			-	Corporation submits this statement for the purpose of changing its register oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	(NO	F Registered Agent signature	raquired when rainstaing) DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addi
NAME	CHOWDAURY, KINIZ F		1.2 NAME	
STREET ADDRESS	9602 FOX TROT LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY - ST - ZIP	
TITLE	VPS	☐ DELETE	2.1 TITLE	VP/S/D
NAME	MORSHED, MOHAMMED F		2.2 NAME	MOHAMMAD F MORSHED 2230 SPRING HARBOR DR/MTH
STREET ADDRESS	1700 A LINTON LAKE DRIVE		2.3 STREET ADDRESS	2230 SPRING HARBOR DR/ATTAL
CITY - ST - ZIP	DELRAY BEACH FL 33445			DELRAY BEACH / FL- 33445
TITLE	TD	☐ DELETE	3.1 TITLE	Change Add
NAME	CHOWDHURY, AZMAL G		3.2 NAME	
STREET ADDRESS	9602 FOX TROT LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496		3.4. CITY - ST - ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addi
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Add
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
OR TO VID			EACITY OF TIP	

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

**FILED** 

Apr 29 1998 8:00am

Secretary of State

Change

☐ Addition