

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000067412 (3)

1. Corporation Name

BCA PROFESSIONAL SERVICES, INC.

Principal Place of Business

9155 S.W. 87TH AVE.
MIAMI FL 33176
US

Mailing Address

14629 SOUTH WEST 104TH STREET. #109
MIAMI FL 33186

FILED
Oct 07 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1995

4. FEI Number

65-0607980

Applied For

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.

☐

Yes

☐

No

2. Principal Place of Business

21 9100 S. DADE/AND BLVD

2a. Mailing Address

26 9100 S. DADE/AND BLVD

Suite, Apt. #, etc.

22 207

Suite, Apt. #, etc.

27 207

City & State

23 MIAMI FL

City & State

28 MIAMI FL.

Zip

24 33176

Country

25 USA

Zip

29 33176

Country

30 USA

9. Name and Address of Current Registered Agent

FOSTER, JAY D
9155 SOUTH WEST 87TH AVENUE
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name

FOSTER, JAY D.

82 Street Address (P.O. Box Number is Not Acceptable)

1185 SW 160CT

83

84 City

MIAMI

FL

85 Zip Code

33196

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FOSTER, JAY D.
STREET ADDRESS 11185 S. FOSTER SW 160CT
CITY-ST-ZIP MIAMI FL 33196

TITLE VP ☐ DELETE

NAME FOSTER, LAURA H.
STREET ADDRESS 11185 S.W. 160 CT.
CITY-ST-ZIP MIAMI FL 33196

TITLE TS ☐ DELETE

NAME FOSTER, RENA
STREET ADDRESS 8275 S.W. 152 AVE, #211
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

LAURA FOSTER 9/22/98 (305) 670-6702

CR2E034 (5/98)