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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000091393 (5)

BOHEMIA INTERNATIONAL, INC.

Fried of G				**************************************		
Principal Place of Business		Mailing Address			rri 8848 18181 11686 11118 16188 1111 1881	
16975 SW 220TH ST. 16975 SW 220T MIAMI FL 33170 MIAMI FL 33170						
					3. Date Incorporated or Qualified 11/29/1995	3a. Date of Last Report 04/19/1996
├ ─¬ `	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0632441	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Z-p	harring harring harring harring		Country		B. This corporation has liability for	
24	4 25 29 30 30 9, Name and Address of Current Registered Agent			Ftorida Statutes Yes No 10. Name and Address of New Registered Agent		
DE/		ent registered Agent	81	Name	10, Name and Address of New He	egistered Agent
	RKA, VACLAV					
18875 SW 220TH ST. MIAMI FL 33170			82	Street Addre	ess (P.O. Box Number is Not Acceptal	ble)
			83			
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 667,05	502 and 607.1508, Florida Statut	les, the above	-named corp	oration submits this statement for the	
office or t	registered agent, or both, in the Sta and familia with, and account hows:	ite of Florida, Such change was	authorized by	the corporati	oration submits this statement for the ion's board of directors. I hereby acce	pt the appointment as registered
		Vachu Bell	piroa Sialules	PLACE	d=1.1 2-	27 - 97
SIGNATURE	Signature Typest or printed name of registered a	agont and title if applicable (NOI	E. Registered Age	nt signature require	ed when reinstating)	27-97 DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
THLE	D	☐ D£LE7£	1.1 TITLE			Change Addition
NAME	BERKA, VACLAV		1.2 NAME			
\$16cell ADDRESS	18875 SW 220TH ST.		1.3 STREET	ADDRESS		
CHY-ST-ZIP	MIAMI FL 33170 1.40		1.4 CITY-S	T-ZIP		
TITLE			2.1 TITLE			☐ Change ☐ Addition
N4M (2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		į
CHY-SY-7IP	MIAMI FL 33170 2.41		2. 4 CITY - S	ST - ZIP		
ToT(F		DELETE	3.1 TITLE			Change Addition
NAME			3,2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
C/15 - 82 - 7/P			3.4. CITY - S	I-ZIP		
TITLE	DELETE 4.1 F		4.1 TITLE			Change Addition
NAME:			4. 2 NAME			
STREET ADDRESS			4.3 STREET	address		
City - ST - ZiP			4.4 CITY - S	1-2IP		
THE			5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		

14. Ido 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 trustife empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapped, or on an attachment with an address.

5.4 CITY - ST- ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

C-TY ST-ZIP

STREET ADDRESS

THLE

NAME

DELETE

305) 246 54 14

FILED

Mar 10 1997 8:00am

Secretary of State

Change

☐ Addition