

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000097953 (0)

1. Corporation Name  
BOCATEL INC.



Principal Place of Business

215 NORTH FEDERAL HIGHWAY  
SUITE 6  
BOCA RATON FL 33432

Mailing Address

215 NORTH FEDERAL HIGHWAY  
SUITE 6  
BOCA RATON FL 33432

2. Principal Place of Business

21 19615 Star Island Drive  
Suite, Apt. #, etc.

22 City & State  
Boca Raton FL

23 Zip Country  
33498 USA

24

2a. Mailing Address

26 19615 Star Island Drive  
Suite, Apt. #, etc.

27 City & State  
Boca Raton FL

28 Zip Country  
33498 USA

29

30

3. Date Incorporated or Qualified

12/28/1995

3a. Date of Last Report

N/A

4. FEI Number

65-0632920

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCENROE, VICTORIA  
19615 STAR ISLAND DRIVE  
BOCA RATON FL 33498

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, if applicable

Typed, Registered Agent signature (required with filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME VICTORIA MCENROE  
STREET ADDRESS 19615 STAR ISLAND DRIVE  
CITY-ST-ZIP BOCA RATON FL 33498

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME MAX L. GARCIA  
1.3 STREET ADDRESS 9300 N. CHELSEA DRIVE  
1.4 CITY-ST-ZIP PLANTATION FL 33324

2.1 TITLE C/V/T/S  
2.2 NAME VICTORIA MCENROE  
2.3 STREET ADDRESS 19615 STAR ISLAND DRIVE  
2.4 CITY-ST-ZIP BOCA RATON FL 33498

3.1 TITLE D  
3.2 NAME SUSAN CHAD WATKINS  
3.3 STREET ADDRESS 41 GRANDVIEW ST.  
3.4 CITY-ST-ZIP SUITE 1105 SANTA CRUZ CA 95060

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/96

561 487-0880

CR2E034 (12/95)