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Mar 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000053798 (0)

1. Corporation Name  
B.C.R. DESIGNS INTERNATIONAL, INC.



Principal Place of Business  
440 14TH STREET #5  
MIAMI FL 33139

Mailing Address  
440 14TH STREET #5  
MIAMI FL 33139-8102

3. Date Incorporated or Qualified  
06/25/1996

3a. Date of Last Report

2. Principal Place of Business  
21 835 LENOX AVENUE # 312  
Suite, Apt. #, etc.

2a. Mailing Address  
25 835 LENOX AVENUE #  
Suite, Apt. #, etc.

4. FEI Number  
65-06286864

Applied For  
Not Applicable

22 # 312

27 # 312

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 MIAMI BEACH FLORIDA

28 MIAMI BEACH FLORIDA

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 33139 Country US

29 33139 Country US

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name MOHR Patrick  
82 Street Address (P.O. Box Number is Not Acceptable)  
835 LENOX AVENUE # 312

84 City MIAMI BEACH FL 85 Zip Code 33139

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 of officer or printed name of registered agent and title if applicable

MOHR

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

02/18/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MOHR, PATRICK  
STREET ADDRESS 440 14TH STREET #5  
CITY-ST-ZIP MIAMI FL 33139 ☐ DELETE

TITLE STD  
NAME OMORES, ERIC  
STREET ADDRESS 1615 BAY DR.  
CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOHR PRESIDENT 02/18/97 (305) 531.7555

Date

Daytime Phone #

CR2E034 (9/96)