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

Mailing Address

C/O PACKMAN, NEUWAHL, ET. AL

1500 SAN REMO AVENUE #125 CORAL GABLES FL 33146-3049

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

C/O PACKMAN, NEUWAHL, ET. AL.

1500 SAN REMO AVENUE #125 CORAL GABLES FL 33146



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

DOCUMENT # **P96000058715** (9)

BORDER ENTERPRISES OFFSHORE, INC.

07/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For <u>52</u>-1 2501 BRICKE Not Applicable Suite Apt # etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032, USA ☐ Yes 🔼 No Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GASTUN REBOREDO, GASTON JR REBOREDO JA. C/O 340 MINORCA AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 SUITE SEVEN 83 **CORAL GABLES FL 33134** 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 farminar with, and accept the obligations of, Section 607.0505, Florida Statutes. Registered Agent signature required when reinstating) SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. D DELETE Change \_\_\_ Addition TITLE 1.1 TITLE REBOREDO, GASTON JR NAME 1.2 NAME GASTON REBOREDO TR C/O 340 MINORCA AVENUE #7 1107 ADVANA AVE. 1.3 STREET ADDRESS STREET ADDRESS CONI GS645, FL 33146 **CORAL GABLES FL 33134** 1.4 CITY - ST - ZIP C-TY - ST - ZIP Change X Addition DELETE TITLE 2.1 TITLE GASTON REBOREDO SP. 2501 BRICKELLANE. A. NAME 2.2 NAME 15.701 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition DELETE TITLE 3.1 TITLE MARINA REBORESO NAME 3.2 NAME 2501 BRITHEU AVE. AR ". 7*0 1* STREET ADDRESS 3.3 STREET ADORESS 3.4 CITY-ST-ZIP CITY - ST - ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition THLE 61 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-7P 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11 information indicated on this annual report or supplemental annual report is true and accurate and that my signature I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as require of 3)(i), r-lorida Statutes. I further certify that the have the same legal effect as if made under oath; that apter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE:

FILED
Jan 28 1997 8:00am
Secretary of State



3s. Date of Last Report

3. Date Incorporated or Qualified