

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 21 1998 8:00am
Secretary of State

DOCUMENT # **P96000058715 (9)**

1. Corporation Name

BORDER ENTERPRISES OFFSHORE, INC.



Principal Place of Business

Mailing Address

**C/O PACKMAN, NEUWAHL, ET. AL.
1500 SAN REMO AVENUE #125
CORAL GABLES FL 33146**

**2501 BRICKELL AVE
APT 701
MIAMI FL 33129**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1996

4. FEI Number

52-1983684

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**REBOREDO, GASTON JR
1107 ADUANA AVE
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name **REBOREDO, GASTON JR.**
82 Street Address (P.O. Box Number is Not Acceptable)
2566 JARDIN WAY
83
84 City **WESTON** FL 85 Zip Code **33327**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
REBOREDO, GASTON JR
1107 ADUANA AVE
CORAL GABLES FL 33146** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
REBOREDO, GASTON SR
2501 BRICKELL AVE APT 701
MIAMI FL 33129** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
REBOREDO, MARINA
2501 BRICKELL AVE APT 701
MIAMI FL 33129** ☐ 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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**PD
REBOREDO, GASTON JR.
2566 JARDIN WAY
WESTON, FL 33327** ☒ Change ☐ Addition

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

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

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

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

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

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:

GASTON REBOREDO 1/14/98 (954) 385-9878

CR2E034 (10/97)