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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000002291**1. Corporation Name

B.C.E. INTERNATIONAL, CORP.

FILED
Feb 16, 1999 8:00am
Secretary of State
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MIAMI FL 33126 MIAMI FL 33126					•		DO NOT WR	ITE IN THIS	SPACE		
US		US					3. Date	e Incorporated or Qualifed			
							01	/09/1997			
2. Principal P	Place of Business	2a. N	lailing Address				4. FEI	Number		[A	oplied For
21		26					65	-0716730		No	ot Applicable
Suite, Apt.	#, etc.		suite, Apt. #, etc.				5 Cer	tifcate of Status Desired			Additional
22		27					J. 00.	thouse or clades because		Fee Re	equired
City & Stat	te	⊢	City & State				6. Elec	ction Campaign Financing		\$5.00	May Be
23		28					Trus	st Fund Contribution		Added	to Fees
Zip	Country	_	ip		ıntry		8. This	s corporation owes the cur	rent year In		_ [
24	25	29		30				sonal Property Tax.		Yes	□No
	9. Name and Address of Curren	nt Registe	red Agent		ļ.,,		10. Nar	me and Address of New	Registered	Agent	
DOL	ODICHES ALEDEDO S				81	Name	·				
	DRIGUES, ALFREDO S				82	Street Addre	ess (P.O. E	Box Number is Not Accept	able)		
	5 BLUE LAGOON DRIVE						<u> </u>			494 × 450	
	TE 110				83						
MIA	MI FL 33126				84	City			<u>.3 19 €., 11 120 1</u> Guit and set s	85 Zip	Code
					04	City			FL	_ 05 210	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607	.1508, Florida Statu	ites, the a	bove	-named corpo	oration sub	mits this statement for the	purpose of	changing its	registered
office or r	registered agent, or both, in the State or im familiar with, and accept the obligat	of Florida. ations of, S	Such change was ection 607.0505. Fl	authorizeo orida Stat	d by 1 utes.	the corporation	in's board o	of directors. I hereby acce	pt the appo	intment as re	gistered
SIGNATURE	,,,,,,		,					•			
SIGNATURE											
	Signature, typed or printed name of registered agen	nt and title if ag	pplicable. (NOT	E: Registered	Agent	t signature required	d when reinstat	ing)	DATE		
12.	Signature, typed or printed name of registered agen OFFICERS AN		<u> </u>	E: Registered	I Agent	t signature required		ing) TIONS/CHANGES TO OF		ND DIRECTO	DRS IN 12
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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 suppliemental 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 his 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, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

1-21-99 Date

(305/267-2887