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





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000029441 (7)

BCS INC. OF USA

FILED Feb 16 1998 8:00am Secretary of State



L				{ 1.000/1003/ 110 101/4 100/1 404/4 00/4 00/4 00/4 0	
Principal Place of Business Mailing Address 5241 CANNON WAY 5241 CANNON WAY					
			M16		
WEST PALM BEACH FL 33415		WEST PALM BEACH FL 33415		DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualified 04/01/1997	
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 1711, BELVEDERE ROAD		65-0739731	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		Certificate of Status Desired	Fee Required
City & State		City & State	D C O ex /	6. Election Campaign Financing	\$5.00 May Be
23		28 WEST PALM		Trust Fund Contribution	Added to Fees
Zip	Country	Zip F.L-	Country	8. This corporation owes or has paid the	
24	25		30 USA	Personal Property Tax due June 30.	∐ Yes ∐ No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent DATE AND DETAILS. B1 Name					
rahman, rezaur			B1 Name		
5241 CANNON WAY			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
WEST PALM BEACH FL 33415					
			63		
			84 City		85 Zip Code
					L S Process
l office or	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au	ithorized by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE	Signature, typed or proded name of a gisterior age	stand the if and cable (NOY)	Registered Agent signature requ-	red when reinstaling) DATE	·
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	RAHMAN, REZUAR	-	12 NAME		
STREET ADDRESS	5241 CANNON WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 3341	5	1.4 CITY - ST - ZIP		
TITLE	VD	DELETE	2 1 10 LE		Change Addition
NAME	CHOWDHURY, MAKSUDUL		2.2 NAME		
STREET ADDRESS	CALL CLUB CONTROL STATE		2.3 STREET ADDRESS		
· ·	WEST PALM BEACH FL 3341	ς	2 4 CITY-ST-ZIP		
CITY-ST-ZIP	SD SD	□ DELETE	3 1 TiTLE		Change Addition
NAME	CHOWDHURY, B.A.		3 2 NAME		-
STREET ADDRESS	5241 CANNON WAY		3 3 STREET ADDRESS		
i	WEST PALM BEACH FL 3341	5	3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE	TIEST TALK BENOTTE SOTT	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	İ		4. 2 NAME		,_ . _ ·
]		4.3 STAFET ADDRESS		
STREET ADDRESS			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	51 HTLE		Change Addition
			52 NAME		
NAME			1		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5 4 CITY-ST-ZIP 61 TITLE		Change Addition
TITLE			1		100
NAME			62 NAME	V	2:16
STREET ADDRESS			63 STREET ADDRESS	# BANN	2.16
CITY-ST-ZIP			64 CITY-ST-ZIP	ייעויע וי	· · · · · · · · · · · · · · · · · · ·

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this annual report or supplemental armual 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 opporation or the receiver or trustee ompowered 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 oryal attachment with an address.

00-010 0-1111

116/98

561.640-3242