

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

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90060 022 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # P98000051057**

1. Corporation Name  
**BC INTERNATIONAL TRADING CORP.**



Principal Place of Business  
**9224 S.W. 4TH TERR  
 MIAMI FL 33174**

Mailing Address  
**9224 S.W. 4TH TERR  
 MIAMI FL 33174**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/08/1998</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>650848258</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BLANCO, JOSE  
 9224 S.W. 4TH TERR  
 MIAMI FL 33174**

10. Name and Address of New Registered Agent

81	Name	<b>Jose Blanco</b>
82	Street Address (P.O. Box Number is Not Acceptable)	<b>1270 W. 41st. #104</b>
83		
84	City	<b>Hialeah</b>
85	Zip Code	<b>FL 33012</b>

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **4/22/99**

12. OFFICERS AND DIRECTORS		
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>Luis Casina</b>	
STREET ADDRESS	<b>10819 N.W. 70th</b>	
CITY-ST-ZIP	<b>Miami, FL 33101</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>M</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Margarita Blanco</b>	
1.3 STREET ADDRESS	<b>9224 S.W. 4th TER</b>	
1.4 CITY-ST-ZIP	<b>Miami FL, 33174</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Jose Blanco</b>	
2.3 STREET ADDRESS	<b>9224 S.W. 4th TER</b>	
2.4 CITY-ST-ZIP	<b>Miami, FL 33174</b>	
3.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Lissette Blanco</b>	
3.3 STREET ADDRESS	<b>1270 W. 41st #104</b>	
3.4 CITY-ST-ZIP	<b>Miami, FL 33012</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Jose Blanco</b>	
4.3 STREET ADDRESS	<b>1270 W. 41st #104</b>	
4.4 CITY-ST-ZIP	<b>Hialeah, FL 33012</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *Lissette Blanco* SIGNATURE REQUIRED DATE: **4/22/99** (305) 698-5750 Daytime Phone #

CR2E034 (11/98)