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

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.							I HOLINDON FRA KOLEN FONN BOTHL CONK COUNT GENEL	6)(41 ((8)) 44)0 (1 (()) (111) (111)	
Principal Place	of Business	Mailing /	Address					6)(4) O (83 6)	#1111 1881 1881	
9224 S.W. 4TH TERR 9224 S.W. 4TH TERR MIAMI FL 33174 MIAMI FL 33174							DO NOT WRITE IN THIS	SPACE		
							3. Date Incorporated or Qualifed	017.02	~~	
			_				06/08/1998			
2 Principal P	lace of Business	2a. Maili	ng Address				4. FEI Number	V Ap	plied For	
21		26	-				650848258	No	t Applicable	
Suite, Apt.	#, etc.		e, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 / Fee Re	I	
City & Stat	e		City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28	28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip		Co	untry		8. This corporation owes the current year In		_/	
24	25	29		30			Personal Property Tax.	☐ Yes	₩ No	
	9. Name and Address of Curre	nt Registered	Agent		1		10. Name and Address of New Registered	Agent		
7					81 Name	.30	ose Blanco			
BLANCO, JOSE					82 Street		ss (P.O. Box Number is Not Acceptable)			
9224 S.W. 4TH TERR				——————————————————————————————————————	70	W. 41 st. # 104				
MIAMI FL 33174					83				ĺ	
					84 City			85 Zip	Code	
					14	lial	leah FL	. 32	5012	
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 register 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.									registered gistered	
SIGNATURE	Web .						4/3	22/9	9	
0.	Signature wheel of printed name of registered age			<u> </u>	d Agent signature n	equired v	The state of the s	· /	200 111 40	
12.	OFFICERS AF	ID DIRECTOR	RS DELETE	13.		12	ADDITIONS/CHANGES TO OFFICERS A	O DIRECTO	Addition	
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NAME	10819 N.W. 73t.				IAME	0)	24 S.W. 4th TER		ĺ	
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NAME					NAME	12 3	10 W. 41 St #104			
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NAME	i .			0.21	#-MC	1				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: #

STREET ADDRESS

May 01, 1999 8:00 am Secretary of State

05-01-1999 90060 022 ***158.75