

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Garcia B. Murrain
Secretary of State
Division of Corporations

DOCUMENT # **S36793** (5)
To: Corporation Name
BLARCO INTERNATIONAL TRADING CORPORATION

APPROVED
AND
FILED
95 MAY -1 PM 5:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 6071 N. BAY ROAD
MIAMI BEACH FL 33140
Mailing Address: 6071 N. BAY ROAD
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **03/06/1991**
3a. Date of Last Report: **07/21/1994**
4. FEI Number: **65-0253846**
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
6. This corporation has liability or intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business: 26. Mailing Address:
21. Suite, Apt. #, etc.: 26. Suite, Apt. #, etc.:
22. City & State: 27. City & State:
23. Zip: 28. Country:
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

BOGIN, BARRY
6071 N. BAY ROAD
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83.
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0507 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE:

(Signature of person or entity authorized to sign this statement)

(If the agent is a corporation, the signature must be of an officer or director)

(Date)

12. OFFICERS AND DIRECTORS
1. TITLE: **D**
NAME: **BOGIN, BARRY**
STREET ADDRESS: **6071 N. BAY ROAD**
CITY, ST., ZIP: **MIAMI BEACH FL**
2. TITLE: **D**
NAME: **BOGIN, LINDA**
STREET ADDRESS: **6071 N. BAY ROAD**
CITY, ST., ZIP: **MIAMI BEACH FL**
3. TITLE:
NAME:
STREET ADDRESS:
CITY, ST., ZIP:
4. TITLE:
NAME:
STREET ADDRESS:
CITY, ST., ZIP:
5. TITLE:
NAME:
STREET ADDRESS:
CITY, ST., ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: ☐ Change ☐ Addition
2. NAME:
3. STREET ADDRESS:
4. CITY, ST., ZIP:
5. TITLE: ☐ Change ☐ Addition
6. NAME:
7. STREET ADDRESS:
8. CITY, ST., ZIP:
9. TITLE: ☐ Change ☐ Addition
10. NAME:
11. STREET ADDRESS:
12. CITY, ST., ZIP:
13. TITLE: ☐ Change ☐ Addition
14. NAME:
15. STREET ADDRESS:
16. CITY, ST., ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), Florida Statutes. I further certify that the information included 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1A, of this report, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY BOGIN

24 APRIL 95 305-888-8228
Title: Secretary of State