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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

(O) DOCUMENT # 1. Corporation Name BACHELOR INTERNATIONAL ENTERPRISES, INC. Principal Place of Business Mailing Address B222 WILES RD., SUITE 111 8222 WILES RD., SUITE 111 CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067 3a. Date of Last Report 3. Date Incorporated or Qualified 03/25/1991 01/27/1995 Applied For 4. FE1 Number 2a. Mailing Address Principal Place of Business 65-0251630 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 Country Ζip 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RUDAN, HENRY Street Address (P.O. Box Number is Not Acceptable) 82 5993 NW 66TH AVE 83 PARKLAND FL 33067 City 85 Zip Code 84 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required who ature, typed or printed name of registered agent and title it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Addition DP DELETE THUE RUDAN, MINDI F. 1.2 NAME NAME 5993 NW 66TH AVE. 13 STREET ADDRESS STREET ADDRESS PARKLAND FL 14 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 HILE THLE RUDAN, HENRY F. X. 2.2 NAME NAME 5993 NW 66 AVE. 2.3 STREET ADDRESS STREET ADDRESS PARKLAND FL 2 4 CITY - ST - ZIF City - ST - ZIP Addition Change DELETE 3 1 1/JUE THEE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - \$1 - ZIF CITY-S1 ZIP ■ Addition ☐ Change DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP City - St - 7/P Change ☐ Addition DELETE 5.1 TIBLE THE 52 NAME NIGNAE 5.3 STREET ADDRESS STREET ADDRESS 54 CHY-ST-ZIP CHY-S1-ZIF Change Addition DELETE 6 1 TITLE THE 6.2 NAME NAME STHEET ADDRESS 6.4 CHTY - ST - ZIP 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.0/(3)(k). 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 logal effect as if made under cath, that I am an officer or director of the corporation or the receiver or trusted 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. CHY ST-ZIP

SIGNATURE: KENSYFK KUDAN HENRY F.

HENRY FX RUDAN 4/9/96 954)341-8801

CR2E034 (12/95)