

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S65619 (6)**

1. Corporation Name
BUSINESS CASHFLOW, INC.



Principal Place of Business: **9500 S DADELAND BLVD 608 MIAMI FL 33156 US**
Mailing Address: **9500 S DADELAND BLVD 608 MIAMI FL 33156 US**

3. Date Incorporated or Qualified: **07/08/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0272020**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

21. Principal Place of Business: Suite, Apt. #, etc.; City & State; Zip; Country
22. Mailing Address: Suite, Apt. #, etc.; City & State; Zip; Country
23. City & State; Zip; Country
24. City & State; Zip; Country

9. Name and Address of Current Registered Agent

**NARULA, MARY S.
6600 NORTH KENDALL DR. MIAMI FL 33156**
6700 SW 128 St.

10. Name and Address of New Registered Agent

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

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

Supplemental to Block 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE: **D**
2. NAME: **NARULA, MARY S.**
3. STREET ADDRESS: **6600 N. KENDALL DR.**
4. CITY - ST - ZIP: **MIAMI FL**

5. TITLE: DELETE
6. NAME:
7. STREET ADDRESS:
8. CITY - ST - ZIP:

9. TITLE: DELETE
10. NAME:
11. STREET ADDRESS:
12. CITY - ST - ZIP:

13. TITLE: DELETE
14. NAME:
15. STREET ADDRESS:
16. CITY - ST - ZIP:

17. TITLE: DELETE
18. NAME:
19. STREET ADDRESS:
20. CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1.1 TITLE: **President** Change Addition
1.2 NAME: **NARULA, MARY S.**
1.3 STREET ADDRESS: **6700 SW 128 ST.**
1.4 CITY - ST - ZIP: **MIAMI, FL 33156**

2. 2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY - ST - ZIP:

3. 3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY - ST - ZIP:

4. 4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY - ST - ZIP:

5. 5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY - ST - ZIP:

6. 6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 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(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 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.

SIGNATURE: *Mary S. Narula* **MARY S. NARULA** **3-1-96** **(305) 670-6707**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #

CR2E034 (12/95)