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 # **V17760** **(2)**

1. Corporation Name
BCI HOLDING CORPORATION

Principal Place of Business
% KTG&S REGISTERED AGENT CORPROATION
~~1401 BRICKELL AVENUE, SUITE 700~~
~~MIAMI FL 33131~~

Mailing Address
% KTG&S REGISTERED AGENT CORPROATION
~~1401 BRICKELL AVENUE, SUITE 700~~
~~MIAMI FL 33131~~

3. Date Incorporated or Qualified: **02/28/1992**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business
21 100 SE 2nd St.
22 Suite, Apt. #, etc. 28 FLOOR
23 City & State Miami, FL
24 Zip 33131 25 Country US

2a. Mailing Address
26 100 SE 2nd St
27 Suite, Apt. #, etc. 28 FLOOR
28 City & State Miami, FL
29 Zip 33131 30 Country US

4. FEI Number **65-0317683** ☐ 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

9. Name and Address of Current Registered Agent
KTG&S REGISTERED AGENT CORPORATION
~~1401 BRICKELL AVENUE~~
~~SUITE 700~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd St.
83 28 Floor
84 City Miami FL 85 Zip Code 33131

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 (typed or printed) of registered agent at the top of the page (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	BIGIO, GILBERT	
STREET ADDRESS	1031 IVES DAIRY RD., #230	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	DVS	☐ DELETE
NAME	BEYDA, CLEMENT	
STREET ADDRESS	1031 IVES DAIRY ROAD, #230	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	DVTA	☐ DELETE
NAME	VAUPEN, HY	
STREET ADDRESS	1031 IVES DAIRY RD., #230	
CITY-ST-ZIP	MAIMI FL 33179	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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: CO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96
Date

305 . 654-8275
Daytime Phone #

CR2E034 (12/95)