

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY - 1 PM 12: 05

DOCUMENT # V45099 (1)

1. Corporation Name
B.S.B. IMPEX CORPORATION

Principal Place of Business

325 S. ORLANDO AVE.
BLDG. 1, SUITE 17
WINTER PARK FL 32789

Mailing Address

325 S. ORLANDO AVE.
BLDG. 1, SUITE 17
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/22/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3146025** 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

2. Principal Place of Business

21 **325 S. ORLANDO AVE. W.P.**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc. **BLDG. 1, S 17**

City & State

23 **W. PARK. FL.**

Zip

24 **32789**

Country

25 **USA**

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAHNOUN, KARIM
909 WRENWOOD LANE
ALTAMONTE SPRINGS FL 32714**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	KARIM, SAHNOUN
STREET ADDRESS	909 WRENWOOD LN.
CITY - ST - ZIP	ALTAMONTE SPRINGS FL
TITLE	VTD
NAME	AMEUR, BENAOU DIA
STREET ADDRESS	712 NICOLET AVE NO 93
CITY - ST - ZIP	WINTER PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	PSD. KARIM SAHNOUN LN 909 WRENWOOD LN ALTAMONTE SPRINGS FL -
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	VTD - AMEUR BENAOU DIA 712 NICOLET AVE W.P. FL.
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

REMITTED BY MAY 1

SIGNATURE:

[Handwritten Signature]

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

(Type in 11 lines)