FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V46902 (5)

1. Corporation Name
BCIE FLORIDA, INC.

Principal Place of Business	Mailing Address
6070 N. FEDERAL HWY SUITE 110 BOCA RATON FL 33487 US	6070 N. FEDEAL HWY SUITE 110 BOCA RATON FL 33487 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 02/03/1994
4. FEI Number: 33-0451884 — 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 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent

CAMARA, AUGUSTO
6070 NORTH FEDERAL HIGHWAY
SUITE 110
BOCA RATON FL 33487

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 607.0502 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	11 TITLE	President, Director — XX Change ☐ Addition
NAME	CAMARA, AUGUSTO	12 NAME	Augusto Camara
STREET ADDRESS	6735 MONTEGO BAY BLVD	13 STREET ADDRESS	23486 Torre Circle
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	Boca Raton, FL 33433
TITLE	VP	21 TITLE	Vice-Presd., Secretary — XX Change ☐ Addition
NAME	FANZERES, APOLLON JR.	22 NAME	Roberto Camara
STREET ADDRESS	4836 NARRAGANSETT AVE #8	23 STREET ADDRESS	5670 NW 74th. Place Apt. 205
CITY ST ZIP	DAN DIEGO CA	24 CITY ST ZIP	Coconut Creek, Fl 33073
TITLE		31 TITLE	Director — XX Change ☐ Addition
NAME		32 NAME	Josenilza Camara
STREET ADDRESS		33 STREET ADDRESS	23486 Torre Circle
CITY ST ZIP		34 CITY ST ZIP	Boca Raton, FL 33433
TITLE		41 TITLE	Director — XX Change ☐ Addition
NAME		42 NAME	Luciana Camara
STREET ADDRESS		43 STREET ADDRESS	880 NW 86 Ave #825
CITY ST ZIP		44 CITY ST ZIP	Plantation, FL 33324
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	800001475438 -05/04/95--01029--010 ****200.00 ****200.00
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: [signature] February 06, 1995 (407) 9059393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
AUGUSTO CAMARA

0079970 CP