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 # **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

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 05/01/1995
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	2a. Mailing Address
21 6070 N. FEDERAL HWY.	26 6070 N. FEDERAL HWY.
Suite, Apt. #, etc. 22 126	Suite, Apt. #, etc. 27 126
City & State 23 BOCA RATON, FL	City & State 28 BOCA RATON, FL
Zip 24 33487 / Country 25 PALM BEACH	Zip 29 33487 / Country 30 PALM BEACH

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: LUCIANA INGERSOLL
82 Street Address (P.O. Box Number is Not Acceptable): 6070 N. FEDERAL HWY.
83 SUITE 126
84 City: BOCA RATON FL 85 Zip Code: 33487

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] Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating
DATE 5-1-96

12. OFFICERS AND DIRECTORS

TITLE	PDS	☐ DELETE
NAME	CAMARA, AUGUSTO	
STREET ADDRESS	23486 TORRE CIR.	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VP	☐ DELETE
NAME	CAMARA, ROBERTO	
STREET ADDRESS	5670 NW 74TH PLACE APT. 205	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	D	☐ DELETE
NAME	CAMARA, JOSENILZA	
STREET ADDRESS	23486 TORRE CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	XX DELETE
NAME	CANARA, LUCIANA	
STREET ADDRESS	880 NW 86 AVE. #825	
CITY-ST-ZIP	PLANTATION FL 33324	
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	PDS	XX Change ☐ Addition
1.2 NAME	CAMARA, ROBERTO	
1.3 STREET ADDRESS	5670 N.W. 74th PL. APT. 205	
1.4 CITY-ST-ZIP	COCONUT CREEK, FL	
2.1 TITLE	VPD	XX Change ☐ Addition
2.2 NAME	INGERSOLL, LUCIANA	
2.3 STREET ADDRESS	23486 TORRE CIRCLE	
2.4 CITY-ST-ZIP	BOCA RATON, FL	
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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5-1-96 Daytime Phone #: (407) 995-9494

CR2E034 (12/95)