

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90087 031 ***150.00

DOCUMENT # V46902

1. Corporation Name
BCIE FLORIDA, INC.

Principal Place of Business

6070 N. FEDERAL HWY
SUITE 126
BOCA RATON FL 33487
US

Mailing Address

6070 N. FEDEAL HWY
SUITE 126
BOCA RATON FL 33487
US

2. Principal Place of Business

21 10767 Palm Spring Dr
Suite, Apt. #, etc.

2a. Mailing Address

26 10767 Palm Spring Dr
Suite, Apt. #, etc.

City & State

23 Boca Raton, FL

City & State

28 Boca Raton, FL

Zip

24 33428

Country

25 Palm Beach

Zip

29 33428

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

INGERSOLL, LUCIANA
6070 NORTH FEDERAL HIGHWAY
SUITE 126
BOCA RATON FL 33487

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

65-0477745

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 owes the current year Intangible

Personal Property Tax.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81

Name Roberto Camara

82

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

83

10767 Palm Spring Drive

84

City Boca Raton

FL

85

Zip Code

33428

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

4-22-99

12. OFFICERS AND DIRECTORS

TITLE PDS ☐ DELETE

NAME CAMARA, ROBERTO
STREET ADDRESS 10767 PALM SPRINGS DRIVE
CITY-ST-ZIP BOCA RATON FL 33428

TITLE VPD ☐ DELETE

NAME INGERSOLL, LUCIANA
STREET ADDRESS 9965 S W 218 TERRACE
CITY-ST-ZIP MIAMI FL 33190

TITLE D ☐ DELETE

NAME CAMARA, JOSENILZA
STREET ADDRESS 10767 PALM SPRINGS DRIVE
CITY-ST-ZIP BOCA RATON FL 33428

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99 (561) 394-7076

Date

Daytime Phone #

CR2E034 (11/98)

0063887