

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**95 FEB 23 PM 3: 03**

**DOCUMENT # V51996 (9)**

1. Corporation Name  
**BOJACS INTERNATIONAL, INC.**

Principal Place of Business Mailing Address  
**150 WORTH AVE  
THE ESPLANADE 243  
PALM BEACH FL 33480  
US** **368 S COUNTRY CLUB DR  
ATLANTIS FL 33462-302  
US**

DO NOT WRITE IN THIS SPACE:

3. Date Incorporated or Qualified <b>07/17/1992</b>	3a. Date of Last Report <b>03/04/1994</b>
4. FEI Number <b>65-0357905</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**BAUDO, ANNEMARY  
368 S COUNTRY CLUB DR  
ATLANTIS FL 33462**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 his or her qualification \_\_\_\_\_  
Name, typed or printed name of registered agent and his or her qualification \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>P/T/S/M/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAUDO, ANNEMARY</b>	1.2 NAME	
STREET ADDRESS	<b>368 S COUNTRY CLUB DR</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>ATLANTIS, FL</b>	1.4 CITY, ST, ZIP	<b>ATLANTIS, FL, 33462</b>
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAUDO JEAN-JACQUES</b>	2.2 NAME	
STREET ADDRESS	<b>368 S. COUNTRY CLUB DR</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>ATLANTIS, FL, 33462</b>	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my resignation shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the recipient of a subpoena or process 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 attached sheet.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR  
**Annemary BAUDO**

**2/20/95 4076591851**