

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sheila B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V51996** (9)

1. Corporation Name
BOJACS INTERNATIONAL, INC.



Principal Place of Business

150 WORTH AVE
THE ESPLANADE 243
PALM BEACH FL 33480
US

Mailing Address

368 S COUNTRY CLUB DR
ATLANTIS FL 33462-302
US

2. Principal Place of Business

21 125 Worth Avenue
State, Apt. #, etc.

22 # 110
City & State

23 Palm Beach FL
Zip

24 33480 25 USA

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

BAUDO, ANNEMARY
368 S COUNTRY CLUB DR
ATLANTIS FL 33462

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

07/17/1992

3a. Date of Last Report

02/23/1995

4. FEI Number

65-0357905

Applied For
Not Applicable

5. Corporate or State Delinquent

\$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

10. Name and Address of New Registered Agent

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PTSD	<input type="checkbox"/> DELETE
NAME	BAUDO, ANNEMARY	
STREET ADDRESS	368 S COUNTRY CLUB DR	
CITY-STATE-ZIP	ATLANTIS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BAUDO, JEAN-JACQUES	
STREET ADDRESS	368 S COUNTRY CLUB DR	
CITY-STATE-ZIP	ATLANTIS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntary, 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 statement of 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 partnership or limited liability company, as the case may be, and that my name appears in Block 12 or Block 13, changed, or corrected, if applicable, as shown on this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Annemary Baudo
Annemary Baudo

3/21/96

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CFR2E034 (12/95)