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**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Matheson
Secretary of State
DIVISION OF CORPORATIONS

95 MAR -1 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000063374 (1)

1. Corporation Name
BQN INVESTMENTS CORP.

Principal Place of Business	Mailing Address
400 ROYAL PLAZA DRIVE FT LAUDERDALE FL 33301	G.P.O. BOX 4744 SAN JUAN PR 00936 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/13/1993	3a. Date of Last Report 03/15/1994
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4. FEI Number 65-0438569	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <input type="checkbox"/>	26 G.P.O. Box 364744
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <input type="checkbox"/>	27 <input type="checkbox"/>
City & State	City & State
23 <input type="checkbox"/>	28 San Juan, P.R.
Zip	Country
24 <input type="checkbox"/>	25 <input type="checkbox"/>
29 00936-4744	30 <input type="checkbox"/>

9. Name and Address of Current Registered Agent

**BEYER, STEPHEN M
700 SE THIRD AVE
SUITE 300
FT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	GONZALEZ, HECTOR L
STREET ADDRESS	20 DORADO ESTATES
CITY - ST - ZIP	DORADO PR 00646
TITLE	D
NAME	GONZALEZ, WANDA
STREET ADDRESS	20 DORADO ESTATES
CITY - ST - ZIP	DORADO FL 00646
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	P/D Luis D. Feliciano
3.3 STREET ADDRESS	PO Box 145170
3.4 CITY - ST - ZIP	Arecibo, PR 00614 N/A
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V/T/D Juan Pérez Toledo
4.3 STREET ADDRESS	PO Box 145170
4.4 CITY - ST - ZIP	Arecibo PR 00614 N/A
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S/D Pedro R. Vázquez
5.3 STREET ADDRESS	G.P.O. Box 364744
5.4 CITY - ST - ZIP	San Juan, PR 00936-4744
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	V/D Joseph M. Linares
6.3 STREET ADDRESS	PO Box 145170
6.4 CITY - ST - ZIP	Arecibo, PR 00614 N/A

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(9)(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 307, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or in an attachment with an address.

SIGNATURE: *Juan Pérez Toledo* **Juan Pérez Toledo** 1/24/95 (809) 783-0014