

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000063374 (1)**

1. Corporation Name

BQN INVESTMENTS CORP.



2. Principal Place of Business

400 ROYAL PLAZA DRIVE
FT LAUDERDALE FL 33301

2a. Mailing Address

G.P.O. BOX 364744
SAN JUAN PR 00936-4744
US

3. Date Incorporated or Qualified 09/13/1993	3a. Date of Last Report 03/01/1995
4. FEI Number 65-0438569	Applied For 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	

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

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

11. Pursuant to the provisions of Sections 632.0509 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 632.0509, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (Print Name)

Signature of New Registered Agent (Print Name)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	C GONZALEZ, HECTOR L	2.1 NAME	
3. STREET ADDRESS	20 DORADO ESTATES	3.1 STREET ADDRESS	
4. CITY, ST, ZIP	DORADO PR 00646	4.1 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	D GONZALEZ, WANDA	6.2 NAME	
7. STREET ADDRESS	20 DORADO ESTATES	7.3 STREET ADDRESS	
8. CITY, ST, ZIP	DORADO FL 00646	8.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	<input type="checkbox"/> DELETE	9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	PD FELICIANO, LUIS D	10.2 NAME	
11. STREET ADDRESS	PO BOX 145170 N/A	11.3 STREET ADDRESS	
12. CITY, ST, ZIP	ARECIBO PR	12.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	TOLEDO, JUAN P	14.2 NAME	
15. STREET ADDRESS	PO BOX 145170 N/A	15.3 STREET ADDRESS	
16. CITY, ST, ZIP	ARECIBO PR	16.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	<input type="checkbox"/> DELETE	17.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	SD VAZQUEZ, PEDRO R	18.2 NAME	
19. STREET ADDRESS	G.P.O. BOX 364744 N/A	19.3 STREET ADDRESS	
20. CITY, ST, ZIP	SAN JUAN PR	20.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	<input type="checkbox"/> DELETE	21.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	VD LINARES, JOSEPH M	22.2 NAME	
23. STREET ADDRESS	PO BOX 145170	23.3 STREET ADDRESS	
24. CITY, ST, ZIP	ARECIBO PR	24.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied on 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 registered 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]* **JOHN PEREZ TOLEDO** 1/24/96 1-809-898-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE

CR2E034 (12/95)