

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

FILED

**Feb 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P93000063374 (1)
 1. Corporation Name
BQN INVESTMENTS CORP.



Principal Place of Business 400 ROYAL PLAZA DRIVE FT LAUDERDALE FL 33301	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 02/05/1996
4. FEI Number 65-0438569	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 Suite Apt. # etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25 29 30

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C <input type="checkbox"/> DELETE
NAME	GONZALEZ, HECTOR L
STREET ADDRESS	20 DORADO ESTATES
CITY- ST- ZIP	DORADO PR 00846
TITLE	D <input type="checkbox"/> DELETE
NAME	GONZALEZ, WANDA
STREET ADDRESS	20 DORADO ESTATES
CITY- ST- ZIP	DORADO FL 00846
TITLE	PD <input type="checkbox"/> DELETE
NAME	FELICIANO, LUIS D
STREET ADDRESS	PO BOX 145170 N/A
CITY- ST- ZIP	ARECIBO PR
TITLE	VD <input type="checkbox"/> DELETE
NAME	TOLEDO, JUAN P
STREET ADDRESS	PO BOX 145170 N/A
CITY- ST- ZIP	ARECIBO PR
TITLE	SD <input type="checkbox"/> DELETE
NAME	VAZQUEZ, PEDRO R
STREET ADDRESS	G.P.O. BOX 364744 N/A
CITY- ST- ZIP	SAN JUAN PR
TITLE	VD <input type="checkbox"/> DELETE
NAME	LINARES, JOSEPH M
STREET ADDRESS	PO BOX 145170
CITY- ST- ZIP	ARECIBO PR

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Arecibo, PR 00614
3.4 CITY- ST- ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Arecibo, PR 00614
4.4 CITY- ST- ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	San Juan, PR 00936
5.4 CITY- ST- ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	PO Box 145170 N/A
6.4 CITY- ST- ZIP	Arecibo, PR 00614

14. I do 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.

SIGNATURE: Juan P. Toledo **JUAN P. TOLEDO** 2-14-97 787-783-0014
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)