


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

**FILED**  
**Feb 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

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

Principal Place of Business <b>400 ROYAL PLAZA DRIVE FT LAUDERDALE FL 33301</b>	Mailing Address <b>G.P.O. BOX 364744 SAN JUAN PR 00936-4744 US</b>
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/13/1993</b>	
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.	4. FEI Number <b>65-0438569</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**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**  
**84 City** **FL** **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, HECTOR L</b>	1.2 NAME	
STREET ADDRESS	<b>20 DORADO ESTATES</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DORADO PR 00646</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, WANDA</b>	2.2 NAME	
STREET ADDRESS	<b>20 DORADO ESTATES</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DORADO FL 00646</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELICIANO, LUIS D</b>	3.2 NAME	
STREET ADDRESS	<b>PO BOX 145170 N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARECIBO PR</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VTD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOLEDO, JUAN P</b>	4.2 NAME	
STREET ADDRESS	<b>PO BOX 145170 N/A</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARECIBO PR</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAZQUEZ, PEDRO R</b>	5.2 NAME	
STREET ADDRESS	<b>G.P.O. BOX 364744 N/A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN JUAN PR</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINARES, JOSEPH M</b>	6.2 NAME	
STREET ADDRESS	<b>PO BOX 145170 N/A</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARECIBO PR</b>	6.4 CITY-ST-ZIP	

14. I 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 Ponce Toledo** **1/10/98** **787-783-0814**

CR2E034 (10/97)