

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000003463 (6)**

1. Corporation Name:  
**BOONE DELEON MASS, INC.**



Principal Place of Business

**4929 SW 74TH COURT  
MIAMI FL 33155**

Mailing Address

**4929 SW 74TH COURT  
MIAMI FL 33155**

2. Principal Place of Business

2a. Mailing Address

21

26

State: April, etc.

State: April, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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g. Name and Address of Current Registered Agent

**MARTINEZ-FONTS, ALICIA  
4929 SW 74TH COURT  
MIAMI FL 33155**

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 672.002 and 672.1705, 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 shall be effective upon the date of filing this report with the Department of State. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 672.1705, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>DE LEON, LEO JR.</b>	
STREET ADDRESS	<b>11 GREENWAY PLAZA, SUITE 1620</b>	
CITY-STATE-ZIP	<b>HOUSTON TX 77046</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTINEZ-FONTS, ALICIA</b>	
STREET ADDRESS	<b>4929 SW 74TH COURT</b>	
CITY-STATE-ZIP	<b>MIAMI FL 33155</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MADRUGA, MARIA A</b>	
STREET ADDRESS	<b>4929 SW 74TH COURT</b>	
CITY-STATE-ZIP	<b>MIAMI FL 33155</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RHEA, ROBERT M</b>	
STREET ADDRESS	<b>4514 TRAVIS ST., SUITE 214</b>	
CITY-STATE-ZIP	<b>DALLAS TX 75205</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 STREET ADDRESS	
16 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 NAME	
18 STREET ADDRESS	
19 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME	
24 STREET ADDRESS	
25 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26 NAME	
27 STREET ADDRESS	
28 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied on this report is true and correct to the best of my knowledge and belief, and I understand that any false or misleading information provided on this report is a crime under the laws of the State of Florida. I further certify that I am an officer or director of the corporation or the person or persons responsible for the preparation of this report. This report is required by Chapter 602, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, corrected or added to the report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

3/29/96 (305) 663-3434

CR2E034 (12/95)