

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

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L85620** (7)

1. Corporation Name  
**BOYN INC.**



Principal Place of Business  
~~2112 G. CONGRESS AVE.  
#202  
WEST PALM BEACH FL 33400  
US~~

Mailing Address  
**564 NW 54 ST  
BOCA RATON FL 33487  
US**

2. Principal Place of Business	2a. Mailing Address
21 <b>200 Leslie Dr.</b>	26 <b>200 Leslie Dr.</b>
Suite Apt. #, etc. <b>#430</b>	Suite Apt. #, etc. <b>Apt. 430</b>
22 <b>Hallandale, FL.</b>	27 <b>Hallandale, FL.</b>
City & State	City & State
23 <b>33009</b>	28 <b>Broward</b>
Zip	Country
24 <b>Broward</b>	29 <b>33009</b>
Country	Zip
25 <b>Broward</b>	30 <b>Broward</b>
Country	Country

3. Date Incorporated or Qualified <b>07/09/1990</b>	3a. Date of Last Report <b>02/14/1995</b>
4. FEI Number <b>65-0203711</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent  
**CRUZ, RICHARD  
564 NW 54 ST.  
BOCA RATON FL 33487**

61 Name	62 Street Address (P.O. Box Number is Not Acceptable)	63	64 City	65 Zip Code
			<b>FL</b>	<b>33009</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Title of person making or proposing to make the change \_\_\_\_\_ (Name of Registered Agent signed and dated when appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> DELETE	<b>S CRUZ, RICHARD 564 NW 54 ST BOCA RATON FL 33487</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	<b>P CARDIN, ISIDRO 10845 SW 3 ST MIAMI FL 33187</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>200 Leslie Dr. #430 Hallandale, FL 33009</b>
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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(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 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: *Isidro Cardin* 5-7-96 954-458-4286  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Do Not Print #

CFR2E034 (12/95)