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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000029200 (8)

BOSCO INTERNATIONAL GROUP CORP.

FILED
Jun 05 1997 8:00am
Secretary of State



2100 PONCE DE LEON BLVD. BUITE 801 CORAL GABLES FL 33134-4		SUITE 601						
		CORAL GABLES FL 33134-5215		3. Date Incorporated or Qualified 04/03/1996	3a. Date of Last R	teport		
2. Principal P	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	, Ar	oplied For	
21		26			65-0665646	No.	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.	<u>├</u> `		5. Certificate of Status Desired	\$8.75	\$8.75 Additional Fee Required	
City & State	9	City & State	 		Election Campaign Financing Trust Fund Contribution			
Zip _4	Country 25	Zip 29	Countr 30	у	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
FARRA, MIGUEL G				Name				
) SOUTH BAYSHORE DR. MI FL 33133		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)			
, , ,			83	3				
			84	Cily		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								
	Signature, typed or printed name of registered			gent signature re	quired when reinstating)	DATE	201140	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	Addition	
TITLE	AADOM AADDAFC DUDEN I		1 1 TITLE			☐ Change	L.J Addition	
0400 DONCE DE LEON BLVD 4804			1.2 NAME	l l				
CODAL CARLES EL COLOA			1.3 STREET ADDRESS					
CITY-ST-ZIP		DELETE	1.4 CITY- 2.1 TITLE			Change	Addition	
TITLE	<u> </u>					□ Offatigo		
NAME	AAAA DOMAE OE LEAM DIMO 4604							
STREET ADDRESS	CORAL GABLES FL 33134	J #001						
CITY-ST-ZIP	CORNE GABLES FE 33134	DELETE	2. 4 CITY 3.1 TITLE			Change	Addition	
TITLE						Ottorigo	LLI FROM DI	
NAME			3.2 NAME	T ADDRESS				
STREET ADDRESS			3.4. CITY					
CITY-ST-ZIP		DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAM				_	
STREET ADDRESS				T ADDRESS				
			4.4 CITY-					
CITY-\$T-ZIP TITLE		DELETE	5.1 TITLE			☐ Change	☐ Addition	
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STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			54 CITY-					
TITLE	, 1227 · - · · · · · · · · · · · · · · · · ·	DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS				T ADDRESS				
į į			6.4 CITY-					
CITY-ST-ZIP	L	lied with this filing does not ougl			ited in Section 119.07(3)(i). Florida Statule	s. I further certify that	t the	

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 eath; 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.

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