Applied For

\$8.75 Additional

Fee Required

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000051406**

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

BOONE DELEON MASS, INC.

Principal Place of Business	Mailing Address
4929 SOUTHWEST 74TH COURT	4929 SOUTHWEST 74TH COURT
MIAMI FL 33155	MIAMI FL 33155

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2a. Mailing Address

Suite, Apt. #, etc.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90005 005 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

06/17/1996 4. FEI Number

76-0437836

5. Certifcate of Status Desired

221		141								
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country		Zip		Country	7	8. This corporation owes the curre	int year Intai	ngible	
24	25	29		3	0		Personal Property Tax.		Yes	□No
	9. Name and Address of Cur		stered Ag	ent			10. Name and Address of New R	egistered A	gent	
MADRUGA, MARIA 4929 SOUTHWEST 74TH COURT MIAMI FL 33155					81	Name				
					-	0	In a Control of the Accepta	hio)		
					84	82 Street Address (P.O. Box Number is Not Acceptable) 83				
					83					
					84	City		FL	85 Zip C	ode
	60-46	2502 4	207 1509	Florida Statutas	the abov	o named con	poration submits this statement for the		hanging its	registered
office or re	egistered agent or both in the Sta	ate of Flor	ida. Such i	change was aut	horized by	the corporati	ion's board of directors. I hereby accep	t the appoint	lment as req	jistered
agent. I a	m familiar with, and accept the ob	ligations o	f, Section	607.0505, Florid	da Statute:	s				
SIGNATURE										
	Signature, typed or printed name of registered			(NOTE: R		nt signature requir	ed when reinstating) ADDITIONS/CHANGES TO OF	DATE	DIPECTO	DS IN 12
12.	OFFICERS	AND DIR	ECTORS		13.		ADDITIONS/CHANGES TO OFF	TOERS AND	☐ Change	Addition
TITLE	D NAME OF TAXABLE			☐ DELETE	1.1 TITLE				☐ Change	
NAME	MADRUGA, MARIA				1.2 NAME					
STREET ADDRESS		UURI			1.3 STREE	TADDRESS				
CITY-ST-ZIP	MIAMI FL 33155				1.4 CITY-5	ST-ZIP				
TITLE	P			☐ DELETÉ	2.1 TITLE				☐ Change	☐ Additio
NAME	MARTINEZ-FONTS, ALICIA				2.2 NAME					
STREET ADDRESS	4929 SW 74TH CT				2.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL				2.4 CITY-	ST-ZIP				
TITLE				DELETE	3.1 TITLE				Change	Addition Addition
NAME :					3.2 NAME					
STREET ADDRESS					3.3 STREE	T ADDRESS				
CITY-ST-ZIP	į.				3.4. CITY-	ST-ZIP				
TITLE				DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME					4. 2 NAME	:				
STREET ADDRESS					4.3 STREE	T ADDRESS				
					4.4 CITY-					
CITY-ST-ZIP				DELETE	5.1 TITLE				Change	☐ Additio
NAME	}				5.2 NAME					
+ W-OVIL					5.3 STREE	ET ADDRESS				
					5.4 CITY-	1	•			
STREET ADDRESS					J., J.,				Change	Additio
STREET ADDRESS CITY-ST-ZIP				DELETE	6.1 TITLE	1				
STREET ADDRESS CITY-ST-ZIP TITLE				DELETE	1				□ Glange	_
STREET ADDRESS CITY-ST-ZIP TITLE NAME				☐ DELETE	6.2 NAME				Change	_
STREET ADDRESS CITY-ST-ZIP TITLE				☐ DELETE	6.2 NAME	ET ADDRESS			□ Criange	_

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 Block 12 or Block 13 if changed, or only an attachment with an address, with all other like empowered.