

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J68604 (4)

1. Corporation Name

BOCA HAMLET OF FLORIDA, INC.



Principal Place of Business

Mailing Address

C/O MARCIA B. CABALLERO
2450 SW 137TH AVE., SUITE #221
MIAMI FL 33175-6332

C/O MARCIA B. CABALLERO
2450 SW 137TH AVE., SUITE #221
MIAMI FL 33175-6332

3. Date Incorporated or Qualified

04/21/1987

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2837413

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CABALLERO, MARCIA B. ESQ.
2450 SOUTHWEST 137TH AVE.
SUITE #221
MIAMI FL 33175

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

Signature typed or printed name of registered agent and then "I, _____"

(NOTE: Registered Agent signature required when registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

GANCEDO, JOSE GONZALEZ

STREET ADDRESS

2525 S.W. 3RD AVE.

CITY-STATE-ZIP

MIAMI FL

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

TITLE

DPST

☐ DELETE

NAME

BESADA, HUMBERTO

STREET ADDRESS

1700 SW 2 AVE.

CITY-STATE-ZIP

MIAMI FL

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

DPST

BESADA, HUMBERTO

2155 SW 123RD COURT

MIAMI, FL 33175

TITLE

D

☐ DELETE

NAME

LAMAR, MARIO

STREET ADDRESS

3971 S.W. 8 ST

CITY-STATE-ZIP

MIAMI FL

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

4/27/96

305-244-6774

CR2E034 (12/95)