R MAY 1 IS \$550.00 **FILE NOW: FILING FEE AF**

PROFIT CORPORATION **ANNUAL REPORT**

1998

Principal Place of Business

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IF

CITY-ST-ZIP

CHY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J68604

BOCA HAMLET OF FLORIDA, INC.

(4)

Mailing Address

FILED 98 MAR -9 AM 8: 30

2450 SW 1	MA 8. CABALLERO 137TH AVE SUITE #221 33175-6332	C/O MARCIA B. CABALLE 2450 SW 137TH AVE., SU MIAMI FL 33175-6332				
			العامد الوا المعرف	3. Date Incorporated or Qualified 04/21/1987	3a. Date of Last Report 05/01/1996	
2, Princip	al Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 26			59-2837413	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Ves No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
	CABALLERO, MARCIA B. ESQ.		81 Name			
2	450 SOUTHWEST 137TH AVE.		82 Street	Address (P.O. Box Number is Not Acceptab	30	
SUITE #221			OZ Street	Address (F.O. Box Number is Not Acceptat	ne,	
	ALAMI FL 33175		63			
1 2						
-	1/1/1 ()	9 1/ 1/11	84 City		FL 85 Zip Code	
11. Pursua office dagent.	* * 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	D2 and 6010508 Florida Statut o Officials Symplographo Mills a allogs of Softyn 607,0588, Flo	es, the above-named authorized by the corp orida Statutes.	corporation submits this statement for the p poration's board of directors. I hereby accep		
SIGNATUR	Signature - Mydoly plant plant of repatiered sign	ent and little if applicable. (NOT	E: Rogislered Agent signature	required when reinstating)	OATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	, D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	GANCEDO, JOSE GONZALEZ		1.2 NAME	()		
STREET ADDRES		•	1.3 STREET ADDRESS		Change L Addition	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP			
TITLE	DPST	DELETE	2.1 TITLE		Change Addition	
* NAME	BESADA, HUMBERTO		2.2 NAME		\geqslant	
: STREET ADDRES			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP			
TITLE	D	DELETE	3.1 TITLE		Change Addition	
NAME	LAMAR, MARIO		3.2 NAME	500002	456935-17	
STREET ADDRES			3.3 STREET ADDRESS	-n3/13	/3301083011	
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP	日本産業	00.00 *****900.00	
TITLE		DELETE	4 1 717 (\$	71141410	Change Addition	

14. 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 Statules. 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 it changed, or on an artifering address.

6.4 CITY-ST-ZIP

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST-ZIP

4.4 CITY-ST-ZIP

CATEMENT

☐ Change

Addition