

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90026 007 ***600.00

DOCUMENT # J68604

1. Corporation Name

BOCA HAMLET OF FLORIDA, INC.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1987

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 title if applicable (NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GANCEDO, JOSE GONZALEZ
STREET ADDRESS 2525 S.W. 3RD AVE.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE DPST
NAME BESADA, HUMBERTO
STREET ADDRESS 2155 SW 123RD COURT
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE D
NAME LAMAR, MARIO
STREET ADDRESS 3974 S.W. 8 ST
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P/S/T
1.2 NAME GANCEDO GONZALEZ, JOSE
1.3 STREET ADDRESS 3000 South Ocean Boulevard, #505
1.4 CITY-ST-ZIP Boca Raton, FL 33432

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE VP
4.2 NAME GONZALEZ, CARLOS
4.3 STREET ADDRESS 3000 South Ocean Boulevard, #505
4.4 CITY-ST-ZIP Boca Raton, FL 33432

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE GONZALEZ
PRESIDENT

Date

Daytime Phone #

3/17/99 5613389218

CR2E034 (11/98)