SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # K44938

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(4)

BOEX IMPORT-EXPORT CORPORATION

i	Principal Place of Bus iness	Mailing Address	
	4460 NW 74 AVE.	4460 NW 74 AVE.	
	MIAMI FL 33166	MIAMI FL 33166	
	US	US	
	ı		

FILED Oct 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

				3. Date Incorporated or Qualified 11/14/1988			
9 Deigeipal D	Near of Dusiness	To Malling Address					
2. Principal P	Place of Business	2a. Malling Address		4. FEI Number Applied For Not Applied by Not Applied For			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be			
23		28]	,	Trust Fund Contribution Added to Fees			
Zip	(Country	Zip	Country	8. This corporation owes or has paid the current year Intangible			
24	9. Name and Address of Current	[29]	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
GARCIA, MARIAN, ESQUIRE			81 Name 7	R4 Name			
	Jose 1000 est						
	E 501		82 Street Addr	tess (P.O. Box Number is Not Acceptable) O Ponce ac Leon Boulevard			
1	MIAMIFL 33145 B3 Coral Gables, F1 3						
ļ							
			84 City H	10m FL \$ 33134			
11. Pursuant office or	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. Lam families with, and accept the obligations of, section 607.0505, Florida Statutes.						
SIGNATURE	and tarilline with, and accept the obliga	PAU	L ZERDA	10-B-9B			
	Signature typed or printed name of registered agent		OTE: Registered Agent signature requ				
12.	OFFICERS ANI		13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME	LANDIVAR, AGUSTIN	DELETE	1.1 TITLE	RESIDENT Addition Addition AUL R. ZERPA			
STREET ADDRESS	9270 N.W. 100TH STREET		1.2 NAME	AUCH AVENUE			
CITY-ST-ZIP	MEDLEY FL		1.3 STREET ADDRESS	HICMI F1 33166			
TITLE	S	DELETE	2.1 TITLE	Change Addition			
NAME	LANDIVAR, ROXANA	PS necese	2.2 NAME	Citailde [1] Audillon			
STREET ADDRESS	9270 N.W. 100TH STREET		2.3 STREET ADDRESS	•			
CITY-ST-ZIP	MEDLEY FL		2.4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE	Change Addition			
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP		- \ a	3.4 CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE	Change Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZiP			4.4 CITY-ST-ZIP				
TITLE	,	DELETE	5.1 TITLE	Change Addition			
NAME OVERSTARRESS	<i>‡</i>		5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP		Decrete	5.4 CITY-ST-ZIP 6.1 TITLE	No. 100 August			
NAME		DELETE	6.2 NAME	Change Addition			
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				
	ertify that the information supplied with	this filing does not qualify for th		tion 119.07(3)(i), Florida Statutes. I further certify that the information			
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 on an attachment with an address.							

PAUL ZERPA

09-01-98