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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90094 018 ***150.00

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1. Corporation Name

BOUZA & ASSOCIATES, INC.

Mailing Address 1581s COMRESS NE 158 s CONGRESS ALE 1581s COMBRESS NE 1581s	1561 S. CONGRESS AVE 153 DELRAY BON FL 33445 2. Principal Place of Business 21 / 3 7 30 5. P. B 4 26 3 7 30 5. P. B 4 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 23 City & State AU/F FLA: 24 3 25 Country 25 Country 26 27 Suite Apt. # 27 27 Country 28 AU/F FLA: 29 PAN BON FL 33445 BOUZA, JORGE L 1561 S. CONGRESS AVE DELRAY BCH FL 33445 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpor office or registered agent, or both, in the state of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Surrect Address B1 Name B2 Street Address B3 Au City B4 City B5 City B5 Florida Statutes, the above-named corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Surrect Address SIGNATURE SUITE 13. STREET ADDRESS AVE CITY-ST-ZP DELRAY BCH FL 13 STREET ADDRESS 13. STREET ADDRESS 14. CITY-ST-ZP DELRAY BCH FL	3. Date Incorporated or Qualifed 07/13/1989 4. FEI Number 65-0147214 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent CUCA TORCE SA.75 Additional Fee Required Added to Fees No May Be Added to Fees No 10. Name and Address of New Registered Agent CUCA TORCE SES (P.O. Box Number is Not Acceptable)
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4. I hereby certify that the information supplied with this tilling does not quarry for the exemption stated in Section 119.07(3)(1). Florida Statutes: I hirdner certify that if a 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 empoyered 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 addition, with all other like empowered.

SIGNATURE:

957-370 4 /08 Daytime Phone #