FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



14. I hereby certify that the information supplied with this filling loes not qualify for indicated on this annual report of suppliemental annual report is true and according or director of the corporation or the receiver or trustee empowered to Block 12 or Block 13 if changed, or on an attachment with an address, with a supplied to the corporation of the receiver or trustee empowered to Block 12 or Block 13 if changed, or on an attachment with an address, with a supplied to the corporation of the corporation.

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90065 043 ***150.00

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information trate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L02601

1. Corporation Name

BOX SQUARE/MULTI DOMESTIC CORP.

Principal Place	e of Business	Mailing Ac	ddress			* 10041011 011 00110 11010	F MISTE MAINT LINE NESDE	#1811 BIB11 GIB11 B	1851 81811 1881
4011 W. FLAGL		P.O BOX 6	5-0624						
#403		MIAMI FL 33265-0624			DO NOT MENTE IN THE SPACE				
MIAMI FL 33134 US			IS .			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						07/18/1989	aameu		,
A Dissipal D	ilana af Duainasa	2a. Mailing	Address			4. FEI Number		An	plied For
— ·	lace of Business	26	y Address			65-0131120		<u> </u>	t Applicable
Suite Ant	# etc		Apt. #, etc.					\$8.75	
Suite, Apt. #, etc.		<u> </u>	27			5. Certifcate of Status Des	sired 🔲	Fee Re	
City & Stat	18	City &	State			6. Election Campaign Fina	incing ==	-==\$5:00-	May Be
23		28				Trust Fund Contribution		Added t	o Fees
Zip Country		Zip				8. This corporation owes the current year Intangible			
24	25	29		30		Personal Property Tax.		Yes	□No
	9. Name and Address of Cu	rrent Registered A	gent			10. Name and Address of	New Registered	d Agent	
505	NDIOLICZ OLINIEDIAO	1		8	Name	•			
	RIGUEZ, GUILLERMO	* 12 t		8:	Street Add	Iress (P.O. Box Number is Not /	Acceptable)		
	I W. FLAGLER ST.	• •				a service of a selection	mar in Brance in it in the	este e al filla	441 Apple 1985
	TE 403 MI FL 33134			8	3				
WIN	WI FL 33134			84	City		-	85 Zip (Code
					<u> </u>		F	L	rogistored
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508 tate of Florida. Such	3, Florida Statute	s, the abou	/e-named corp	poration submits this statement ion's board of directors, I hereb	or the purpose of accept the app	ointment as re	gistered
agent. I a	am familiar with, and accept the ob	oligations of, Section	n 607.0505, Flori	da Statute	S.			1	٠,
agent. I a	am familiar with, and accept the ob	oligations of, Section	n 607.0505, Flori	da Statute	s. 			·	
agent. I a	am familiar with, and accept the ob-	oligations of, Section d agent and title if applicable	e. (NOTE:	da Statute	s. 	ed when reinstating)	DATE	1	
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II other like empowered.