FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L18612 (6)

1. Corporation Name

MRS. BOYSEN INC.

Principal Place of Business: 3440 HOLLYWOOD BLVD #425 HOLLYWOOD FL 33021

Mailing Address: 3440 HOLLYWOOD BLVD #425 HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: 09/27/1989
3a. Date of Last Report: 01/17/1995
4. FEI Number: 65-0145578 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 3001 PONCE DE LEON BLVD.
Suite, Apt. #, etc.
22 SUITE 203
City & State
23 CORAL GABLES, FL.
Zip
24 33134
Country
25 USA

2a. Mailing Address
26 3001 PONCE DE LEON BLVD.
Suite, Apt. #, etc.
27 SUITE 203
City & State
28 CORAL GABLES, FL.
Zip
29 33134
Country
30 USA

9. **Name and Address of Current Registered Agent**

MONTOYDA, FRANCISCO
3440 HOLLYWOOD BLVD
SUITE 425
HOLLYWOOD FL 33021

10. **Name and Address of New Registered Agent**

81 Name: FRANCISCO MONTOYA
82 Street Address (P.O. Box Number is Not Acceptable): 3001 PONCE DE LEON BLVD., #203
83
84 City: CORAL GABLES, FL
85 Zip Code: 33134

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] PRESIDENT 01/17/96.
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	MONTOYA, FRANCISCO	
STREET ADDRESS	4132 INVERRARY DR.	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	V	☐ DELETE
NAME	MONTOYA, ALVARO	
STREET ADDRESS	4132 INVERRARY DR.	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	T	☐ DELETE
NAME	CABALLERO, CAMILO	
STREET ADDRESS	4132 INVERRARY DR.	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	S	☐ DELETE
NAME	MONTOYA, FRANCISCO	
STREET ADDRESS	4132 INVERRARY DR.	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] 01/17/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #