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96 MAY 10 PM 3:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L85620** (7)

1. Corporation Name

BOYN INC.



Principal Place of Business

~~2112 G. CONGRESS AVE.
#202
WEST PALM BEACH FL 33408
US~~

Mailing Address

**564 NW 54 ST
BOCA RATON FL 33487
US**

2. Principal Place of Business

21 **200 Leslie Dr.**

Suite Apt. #, etc.

#430

22 City & State

Hallandale, FL

23 Zip

33009

Country

Broward

2a. Mailing Address

26 **200 Leslie Dr.**

Suite Apt. #, etc.

Apt. 430

27 City & State

Hallandale, FL

28 Zip

33009

Country

Broward

9. Name and Address of Current Registered Agent

**CRUZ, RICHARD
564 NW 54 ST.
BOCA RATON FL 33487**

3. Date Incorporated or Qualified
07/09/1990

3a. Date of Last Report
02/14/1995

4. FEI Number

65-0203711

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

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City

FL

65 Zip Code

33010

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 taken or personally or by proxy taken and the Date

65000 Registered Agent Signature and Date

DATE

12. OFFICERS AND DIRECTORS

TITLE

S

DELETE

NAME

CRUZ, RICHARD

STREET ADDRESS

564 NW 54 ST

CITY - ST - ZIP

BOCA RATON FL 33487

TITLE

P

DELETE

NAME

CARDIN, ISIDRO

STREET ADDRESS

10845 SW 3 ST

CITY - ST - ZIP

MIAMI FL 33187

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

**200 Leslie Dr. #430
Hallandale, FL 33009**

**600001821546
-05/15/96-01010-006
****225.00 ****225.00**

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:

Isidro Cardin

5-7-96

954-458-4286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR