FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attn: Typeno

PAGE 15F2

Feon: Sabring Lopez (305)2218721

FILED

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STONETANY OF STATE
TALLAMASSEE, FLORIDA

DOCUMENT # P.010000 45994 1. Entity Name "S. G. Bosch, INC."

DO NOT WRITE IN THIS SI ACE

2. Principal Place of Business 1064 5W13	4 CT	3. Mailing Address	1 134 cT	7				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Joaliu 1	DO NOT WRITE	ביילעו	PACE ()U/a	Kow
City & State Miaini, FL	k	City & State L	FL	4. FEI Number		~ <u>~</u>	·	ed For oplicable
53184 co	USA	. 33184	Country	5. Certificate of 3		n ;	8.75 Addition	
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L _	7. Name a	ind Address of Cu	rrent Registered	gent
N.ur	"Jaime		L- Lope	
Sim	Address (P.O. Box No	umber is Not Acce	Plable)	,
City				
	Miami		<u> </u>	ZID Code 3184

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	mature, lypod or printed name of registered agent and i	(for a profession of the second				
		, , , , , , , , , , , , , , , , , , , ,	Registered Agent algostura rever	ad whan remails(ing)	DATE	
9. This corporat Tax filing requ (See criteria	tion is eligible to satisfy its Intangible uiremant and efects to do so. On back)	∿94 After May 1	y 1 Fee is \$150,00 , Fee is \$550.00 UBR is \$61.25 , to Department of Si	Trust Fuor	Campaign Financing d Contribution.	\$5.00 May Be Added to Feas
11.	OFFICERS AND DIF	ECTORS	1			
NAME STREET ADDRESS CITY-ST-ZIP	PD Bosch-Lopez, Jo 1064 SW 134 CT HIQMI FZ 39184	•	TIFLE NAME STREET ADDRESS CITY-ST-ZIP			
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NAME STACET ADDRESS CITY-ST-ZIP	170 305ch-Lopez, S 1067 SW 134 CT Hem R 33184	arah	TITLE NAME STREET ANDRESS CITY-S1-71P	DO I	NOT WRIT	
NITLE NAME SINVET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-717		HIS SPACE	
MAME SIRCET ADDRESS CITY-ST-ZIP			TITLE NAME STHEET ADDRESS CITY-ST-ZIP	78		
UTILE			DITE NAME STREET ADDRESS CUTY_SE, 71P			,

3. I hereby certify that the information supplied with this filing cloes not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes, I further cartify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the earne legal effect as it 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

DOCE DOCAL

Sabring Lopez-Bosch 1/25/02 305 377991.

Page rute

S.S. BOSCH, INC. 1064 SW 134th Court Miami, Fl 33184

March 23rd, 2002

To: Florida Department of State .

Ref.: Doc, # P01000045994

TO WHOM IT MAY CONCERN.

This letter is to notify you, that by unintentional mistake we filed and paid our corporation annual report with the papers of Lopez-Bosch, Inc., an inactive corporation we owned.

We sent our check with wrong papers and wrote in that check the incorrect Document number (Attached is the copy of that posted check). We found out about this situation before the check were cashed by you, and called to your office but, the person who answered said that it needed to be complete the process to make the properly correction. Enclosed is the correct Annual Report, please credit the mentioned \$150.00 to our company S.S. Bosch, Inc.

We apologized for the inconveniences caused.

Thank you for your attention,

Sincerely,

Sabrina Lopez-Bosh Vice-president