


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -6 AM 8:00

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| DOCUMENT # P03000030077 | |  |
| 1. Entity Name INVERSIONES BOSTON 16, INC. | | |

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| Principal Place of Business 1101 BRICKELL AVE STE 1400 MIAMI, FL 33131 | Mailing Address 1101 BRICKELL AVE STE 1400 MIAMI, FL 33131 |
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| 2. Principal Place of Business 1401 BRICKELL AVENUE Suite, Apt. #, etc. 825 City & State MIAMI, FLORIDA Zip 33131 Country USA | 3. Mailing Address 1401 BRICKELL AVENUE Suite, Apt. #, etc. 825 City & State MIAMI, FLORIDA Zip 33131 Country USA |
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01162004 Chg-P CR2E034 (10/03) *MPS*

4. FEI Number 55-0824309 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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| 6. Name and Address of Current Registered Agent SANCHEZ-ABALLI, RAFAEL ESQ 1101 BRICKELL AVE STE 1400 MIAMI, FL 33131 | 7. Name and Address of New Registered Agent Name SANCHEZ-ABALLI, RAFAEL Street Address (P.O. Box Number is Not Acceptable) 1401 BRICKELL AVE., STE. 825 City MIAMI FL Zip Code 33131 |
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 4/29/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GONZALEZ, VICTOR 1101 BRICKELL AVE STE 1400 MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GONZALEZ, VICTOR 1401 BRICKELL AVE., STE. 825 MIAMI, FLORIDA 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COHEN, KARINA 1101 BRICKELL AVE STE 1400 MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COHEN, KARINA 1401 BRICKELL AVE., STE. 825 MIAMI, FLORIDA 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 000036075460 05/11/04--01100--001 ***4100.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* *Alvin Fart* DATE 4/29/04 (303) 373-0330

Signature and typed or printed name of signing officer or director