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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000022837 (7)

DRE LE BOSS, INC.

FILED Apr 28 1997 8:00am Secretary of State

	ice of Business	Mailing Ad	Idress				I MANADA (IN LOIDA MAK MANA DAIN	******			
12801 W SUN ₱ 943	NRISE BLVD	12801 W St #943	12801 W SUNRISE BLVD #943 SUNRISE FL 33323-2967 US				;				
Sunrise FL : US	33322								i. Date of Last Report 03/19/1996		
2. Principal	Place of Business	2a. Mailing	Address				4. FEI Number			Applied For	
<u>L</u>		26	N . 1 (1 - 1 -				65-0400568			Not Applicable	
Suite, Apt	t #, etc	27 Suite, F	Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required	
City & Sta	ate	City & S	State		 -	···	6. Election Campaign Financing			00 May Be	
L		28		I Court			Trust Fund Contribution			d to Fees	
Zipi	Country	Zip 29		Cour	ntry		8. This corporation has liability Florida Statutes	for intangib	e tax unde No	rs. 199.032,	
	25 9. Name and Address of Cu		gent	[30]			10. Name and Address of New				
DΔ	HAMAN, RAMI		¥		81 Nar	me					
	749 NW 5TH STREET			-	82 Stre	et Addres	s (P.O. Box Number is Not Acce	ntable)			
	ANTATION FL 33325					oi naaret	S (1.0; Box Hambor la Hot Hose	, , , , , , , , , , , , , , , , , , ,			
				,	83		•				
					84 City	12		F	85 Z	ip Code	
office or agent 1	nt to the provisions of Sections 60 r registered agent, or both, in the s am familiar with, and accept the	State of Piorida Such obligations of, Section	n change was n 607.0505, F	authorized lorida Stati	by the dutes.	corporatio	n's board of directors. I hereby a	ccept the ap	pointment	as registered	
GNATURE	Signature typed or postal lame of registers	ed o it and title if applicab	la (NO	TE: Registered	Agent signi	ature required	when reinstating)	DATE	11-17		
		S AND DIRECTORS		13.			ADDITIONS/CHANGES TO O	FEICERS AN	D DIRECT	ORS IN 12	
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If to hereby certify that the information suppried with this filing does not quality for the exemption stated in Section 119.07(3)(1), riorida Statutes. Fluriner 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 or an attachment with an address.

SIGNATURE:

04/07/97

Daytime Phone #