


FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90158 005 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000083509

1. Corporation Name

BOILER AND OIL SERVICE CORP.

Principal Place of Business

 201 W. 23RD S T.
 BAY 1
 HIALEAH FL 33010

Mailing Address

 201 W. 23RD S T.
 BAY 1
 HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1993

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

4. FEI Number

65-0445690

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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MEDINA, REYNOLD
 201 W. 23RD ST.
 BAY 1
 HIALEAH FL 33010

10. Name and Address of New Registered Agent

 81 Name **VICTOR A. LAPARGADA**
 82 Street Address (P.O. Box Number is Not Acceptable)
201 W 23rd St.
 83 **Bay 1**
 84 City **Hialeah** **FL** 85 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-29-99

12. OFFICERS AND DIRECTORS

 TITLE **D** ☐ DELETE
 NAME **MEDINA, REYNOLD**
 STREET ADDRESS **201 W. 23RD ST.**
 CITY-ST-ZIP **HIALEAH FL 33010**

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ DELETE
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 STREET ADDRESS
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 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 **PRESIDENT** ☒ Change ☐ Addition
 1.2 NAME **VICTOR A. LAPARGADA**
 1.3 STREET ADDRESS **201 W 23rd St**
 1.4 CITY-ST-ZIP **Hialeah FL 33010**

 2.1 TITLE **Vice-President** ☐ Change ☒ Addition
 2.2 NAME **Jose L. Delgado**
 2.3 STREET ADDRESS **201 W 23rd St**
 2.4 CITY-ST-ZIP **Hialeah FL 33010**

 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

14. 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 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, with all other like empowered.

SIGNATURE:

VICTOR A. LAPARGADA**3/11/99****305-888-8782**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/88)