

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000002256 (3)**
1. Corporation Name
LOPEZ-BOSCH, INC.



Principal Place of Business: **9854 SW 8TH ST #405 MIAMI FL 33174**
Mailing Address: **9854 SW 8TH ST #405 MIAMI FL 33174**

3. Date Incorporated or Qualified: **01/10/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 7714 S.W 129 CT**
22. Suite, Apt. #, etc.
23. City & State: **MIAMI, FL.**
24. Zip: **33183**
25. Country: **DADE**
2a. Mailing Address: **26 7714 S.W 129 CT**
27. Suite, Apt. #, etc.
28. City & State: **MIAMI, FL.**
29. Zip: **33183**
30. Country: **DADE**

4. FEI Number: **65-0470693**
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

9. Name and Address of Current Registered Agent
LOPEZ-BOSCH, IVAN
9854 SW 8TH ST #208
MIAMI FL 33174

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL**
85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DP	<input type="checkbox"/>
NAME	LOPEZ-BOSCH, IVAN	
STREET ADDRESS	9854 SW 8TH ST #208	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	DS	<input type="checkbox"/>
NAME	LOPEZ-BOSCH, SABRINA	
STREET ADDRESS	9854 SW 8TH ST #208	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	DP.	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	LOPEZ-BOSCH, IVAN		
1.3 STREET ADDRESS	7714 SW 129 CT		
1.4 CITY-ST-ZIP	MIAMI, FL 33183		
2.1 TITLE	DS	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	LOPEZ-BOSCH, SABRINA		
2.3 STREET ADDRESS	7714 SW 129 CT		
2.4 CITY-ST-ZIP	MIAMI, FL. 33183.		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: _____ DATE: **4/23/96** DAYTIME PHONE # _____

CR2E034 (12/95)