PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTIMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Aug 16, 1999 8:00 am Secretary of State

08-16-1999 90001 027 ***150.00

DOCUMENT # P94000055440

	BOX, INC.						
Principal Place of Business Mailing Address 12360 SW 132ND COURT 12360 SW 132ND COURT SUITE 211 MIAM FL 33186 MIAM FL 33186					DO NOT WRITE IN	THIS SPACE	
US US					3. Date incorporated or Qualifed 07/25/1994		
2. Principal Place of Business 2s. Mailing Address 21					4. FEI Number 65-0508307		plied For t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Certificate of Status Desired	\$8.75 A	Additional equired =
22 27				 -	6. Election Campaign Financing	gn Financing \$5.00 May Be	
Zio Country Zip			Country	,	Trust Fund Contribution Added to Fees 8. This corporation owes the current year intangible		
Zip 24	25	29	30	<u> </u>	Personal Property Tax.	□Yes	□N₀
	9. Name and Address of Curren	it Registered Agent	81	Name	10. Name and Address of New Regist	ered Agent	
BHAGWANDAT, RICHARD			82		dress (P.O. Box Number is Not Acceptable)		
12360 SW 132ND COURT SUITE 211			83				
MIAMI FL 33186			84	City		85 Zip C	ode
	40.4	00 -4 007 4500 Fb-14- Ct-bd-		o comed cor	movation submits this statement for the nume	FL pse of changing its	registered
SIGNATURE	Signature, typed or printed name of registered ages	nt and title if applicable. (NOTE:	Registered Age			ATE	
12.			13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12 ☐ Addition
TITLE NAME	D Bhagwandat, Richard		1.2 NAME				_
STREET AODRESS	12360 SW 132ND COURT			T ADDRESS			
CITY-ST-ZIP	MIAMI FL D	☐ DELÊTE	1.4 CITY-5 2.1 TITLE	1-20		☐ Change	Addition
NAME	GRAY, GARY		22 NAME	TADORESS	•		
STREET ADDRESS	MIAMI FL -		2.4 City				
TITLE	- INT SUN 1 G	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME	-			-
STREET ADDRESS				TADORESS			
CITY-ST-ZIP		☐ OELETE	3.4. CITY :	5T-ZIP		☐ Change	Addition
TITLE .		<u> </u>	4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			}
CITY-ST-ZIP			4,4 CITY-5	T-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			Полибе	
NAME				TADORESS			- [
STREET ADDRESS				T-ZIP]
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME	[· ,		6.2 NAME	ŀ			
	ſ		6.3 STREE	TADORESS)

CITY-ST-ZIP 14. 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 changest or on an attachmaps with all other like empowered.

84 CITY-\$T-ZIP