

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000045491 (4)
1. Corporation Name

BOGA GROUP INC.

Principal Place of Business

14400 SW 78 AVE.
MIAMI FL 33158

Mailing Address

14400 SW 78 AVE.
MIAMI FL 33158

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

OLSEN, THOMAS W
14400 SW 78 AVE.
MIAMI FL 33158

Delete

3. Date Incorporated or Qualified

06/13/1995

3a. Date of Last Report

4. FEI Number

05-0588248

Applied on 8/29/96

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

Celina Batlle - Olsen

82 Street Address (P.O. Box Number is Not Acceptable)

14400 SW 78 AVE

83

84 City

Miami FL

FL

85 Zip Code

33158

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

X *Celina Batlle Olsen*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

OLSEN, LELAND

14400 SW 78 AVE.

MIAMI FL 33158

☒ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

OLSEN, CELINA

14400 SW 78 AVE.

MIAMI FL 33158

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

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

D

ILEANA GONZALEZ

1.2 NAME

1.3 STREET ADDRESS

14400 SW 78 AVE

1.4 CITY - ST - ZIP

MIAMI, FL 33158

☒ Change

☒ Addition

2.1 TITLE

Roberto Batlle

2.2 NAME

2.3 STREET ADDRESS

14400 SW 78 AVE

2.4 CITY - ST - ZIP

MIAMI, FL 33158

☒ Change

☒ Addition

3.1 TITLE

D

VICTORIA BATLLE

3.2 NAME

3.3 STREET ADDRESS

14400 SW 78 AVE

3.4 CITY - ST - ZIP

MIAMI, FL 33158

☐ Change

☒ Addition

4.1 TITLE

Mauricio Batlle

4.2 NAME

4.3 STREET ADDRESS

14400 SW 78 AVE

4.4 CITY - ST - ZIP

MIAMI, FL 33158

☐ Change

☒ Addition

5.1 TITLE

9000002007012811-11/18/96--01024--018

5.2 NAME

5.3 STREET ADDRESS

***225.00 ***225.00

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

X *Celina Batlle Olsen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

96 NOV 12 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



filed as A/R
Reinstatement fee waived mwb
11-15-96

CR2E034 (3/96)