

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 # P95000091527 (8)

1. Corporation Name

DE ANDA OF BOCA, INC.



Principal Place of Business

Mailing Address

3193 NORTH FEDERAL HIGHWAY  
BOCA RATON FL

141 NORTH STATE STREET, SUITE 256  
LAKE OSWEGO OR 97034

3. Date Incorporated or Qualified

12/01/1995

3a. Date of Last Report

☒ Applied For  
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Same

26 3193 N. Federal Hwy.

22 Suite, Apt #, etc

27 Suite, Apt #, etc

23 City & State

28 City & State

24 Zip 33431

Country

29 Zip 33431

Country

30

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

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

Signature typed or printed name of registered agent and firm (Applicable)

(If OFF. Required Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President  
NAME MARIO CRISO  
STREET ADDRESS 3193 N. Federal Hwy  
CITY- ST- ZIP Boca Raton FL 33431

TITLE VICE PRES  
NAME George C. Cofefer Jr  
STREET ADDRESS 16020 SW Colony Dr  
CITY- ST- ZIP Tigard OR 97224

TITLE Sec.  
NAME Cindy Crispo  
STREET ADDRESS 3193 N. Federal Hwy  
CITY- ST- ZIP Boca Raton FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

☐ Change ☒ Addition

☐ Change ☒ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-96

407  
338-0317

CR2E034 (3/96)