## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 02 1997 8:00am

Secretary of State

4934

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000071983 (6)

FRANK BOSCH & ASSOCIATES, INC.

Principal Place of Business Mailing Addr.  800 SEVILLA AVE STE 311 300 SEVILLA AVE CORAL GABLES FL 33134 CORAL GABLES FL 33134									, , , , , , , , , , , , , , , , , , , ,	
						3. Date incorporated or Qualified 08/29/1996	<b>3a.</b> Da	ite of Last Re	eport	
2. Principal Place of Business 21		2a. Mailing Address 26				4. FEI Number 65-0694527		Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A		
City & State		City & State				B. Election Campaign Financing     Trust Fund Contribution		\$5.00 Added 1		
24 25	Country 29	Zip	30 Cour			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
g, Name and	Address of Current Reg	istered Agent				10. Name and Address of New Re	pistered /	Agent		
BERNARD, RICHARD P 300 SEVILLA AVE STE 311 CORAL GABLES FL 33134				B1 B2	Name Street Add	dress (P.O. Box Number is Not Acceptat	ole)			
CONNE GABLES I L	. 65 154		ī	83			<u> </u>	<del></del>		
			ļ	84	City		FL	<b>85</b> Zip C	Code	
11. Pursuant to the provisions office or registered agent, agent. I am familiar with, an	or both, in the State of Flo	rida. Such change was a	uthorized	·bν	the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of of the app	changing its ointment as	s registered registered	
SIGNATURE Signature, typed or prin	led name of registered agent and til	lle il applicable. (NOTI	: Rog stered	Age:	nt signature req	uired when reinstating)	DATE			
12.	OFEICERS AND DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12	
TITLE PRES .	-DIRECTOR	DELETE	1.1 TITL	F		Topinotia journal and the control		Change	Addition	
NAME ERANIL	BOSCH	_	1.2 NA		İ					
	JILLOWS	07860			ADDRESS					
CITY-ST-ZIP	ES _DIRECTO		1.4 C/T		1 · ZIP			Change	Addition	
TITLE SECYTRO	BosoH	U VILLETE	2.1 TITL 2.2 NA		\			C change	Monitori	
STREET ADDRESS 223 K	RD	2.3 STREET ADDRESS								
CITY-ST-ZIP	DN N.J.		2. # CIT	Y - S	T-ZIP					
TITLE	•	☐ DELETE	3,1 7(1)		ţ			Change	Addition	
NAME STREET ADDRESS			3.2 NAM 3.3 STM		ADDRESS				ľ	
CITY-ST-ZIP			3.4. CiT	v- c	31.7IP					
TITLE		DELETE	4 1 1/10					Change	Addition	
NAME			4. 2 NA	ME						
STREET ADDRESS	EET ADDRESS		4.3 STREET ADDRESS		ADDRESS					
City-St-ZiP			4.4 CITY - S1 - ZIP							
TITLE		DELETE	5.1 THT	LE				Change	Addition	
NAME			5.2 NAI	VIE					ŀ	
STREET ADDRESS			5.3 \$TR	EET.	ADDRESS					
CITY-ST-ZIP			5.4 CI1	Y - S1	T-ZIP			<del></del>		
TITLE		DELFTE	6.1 TITI	LE				Change	Addition	
NAME			6 2 NA)	ΜŪ						
STREET ADDRESS			63 STR	EE1.	ADDRESS					

64 CITY-ST-ZIP 14. I do 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 or an attachment with an address.