

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

FILED

Apr 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000083263 (9)**

1. Corporation Name

**L.A. BOB CAT, INC.**

Principal Place of Business

**1201 NW 10TH ST.  
APT. A  
DANIA FL 33004  
US**

Mailing Address

**1201 N.W. 10TH ST.  
APT. A  
DANIA FL 33004  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/04/1996**

4. FEI Number

**65-0701020**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 <b>11280 Royal Palm Blvd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>11280 Royal Palm Blvd.</b>	27
City & State	City & State
23 <b>CORAL SPRINGS FL.</b>	28 <b>CORAL SPRINGS FL.</b>
Zip	Zip
24 <b>33065</b>	29 <b>33065</b>
Country	Country
25 <b>U.S.</b>	30 <b>U.S.</b>

9. Name and Address of Current Registered Agent

**RAMIREZ, LUIS A  
1201 N.W. 10TH ST.  
APT A  
DANIA FL 33004**

10. Name and Address of New Registered Agent

81 Name **LUIS A. RAMIREZ**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**11280 ROYAL PALM BLVD**  
83  
84 City **CORAL SPRINGS** FL 85 Zip Code **33065**

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 **LUIS A. RAMIREZ**

Signature, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent Signature required when resigning)

DATE

**3/17/98**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D. RAMIREZ, LUIS A</b>
STREET ADDRESS	<b>1201A NW 10TH STREET</b>
CITY-ST-ZIP	<b>DANIA FL 33004</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>D. RAMIREZ, LUIS A.</b>
1.3 STREET ADDRESS	<b>11280 Royal Palm Blvd.</b>
1.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address.

SIGNATURE: **LUIS A. RAMIREZ**

**3/17/98 954 757-3145**

CR2E034 (10/97)