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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700059690 (2)
BOR, INC.

FILED Apr 08 1998 8:00am Secretary of State

Principal Place	e of Busines				Aailing Address 1	2)-7 M	ONZO	11 7. FE						
Principal Place of Business Mailing Address 217 A								N AVE						
CORAL GABLES FL 93148 - CORAL GABLES FL 931														
217 ARAGON ANTE 33134										DO NOT WRITE IN THIS SPACE				
CORAL GABLES, FLA. 33134										Date Incorporated or Qualifie 07/09/1997	÷0			
2. Poppopal					20. MIN ARAGON ATC.					4. FEI Number		ΠΔ,	oplied For	
2. Porto ALANDAVAVE					26 2000 Pence De Leen Blvd.					65-0767120			ot Applicable	
Suite, Apt. #, etc.					Suite, Apt. #, etc.						nto/		Additional	
22 Suite 1125					27 Suite 1125					5. Certificate of Status Desired	'		equired	
City & State					City & State					6. Election Campaign Financing)	\$5.00	May Be	
<u> </u>	Gable			28	+					Trust Fund Contribution		Added	to Fees	
Zip	Country				Zip Country					8. This corporation owes or has paid the current year Intangible				
24 33134		25	USA fress of Currer	29	33134	31	0	USA	j	Personal Property Tax due J			_l No	
				<u></u>				1 Name		10. Name and Address of New	uadistatan v	-gent		
TOOK 1. DOWN										ert G. Breier, Da	}-			
1320 S DIXIE HWY STE 830 Q17 ARAGON AVE								Street /	Addres	ss (P.O. Box Number is Not Acces	table) 21"	7 ARH	GON AVA	
90	minic Ondi	EQ FE 3	Co	eou	GN3LC3, 1	la la	13		O Ponce De Leon B	rvu.				
					3313			503						
						8	4/894/	0		FL		Code		
11. Pursuant	to the provisi	ons of Se	chione of CVS0	2 and f	607 1508 Florida	Statutes	the and	Hiller	COL	ral/Gables ration submits this statement for the			3134	
office or re	egistered ag	ent, or	In Ki the State	of Flor	607.1508, Florida ida. Such change of, Section 607.05	was aut	horized	Mile for	oyation	n's poard of directors. I hereby ac	cept the appo	sintment as	registered	
	irii lanniilian wi	77			ji, 360)011 007.00	JOS, FIORIC			ווווו	18411- Kres. 3	Shalos	5		
SIGNATURE	Signature, typed		and of registered apr	nt and the	ic d applicable	(NOTE.	Sistered	oent signature	perluper	when reinstating)	ATE ATE	ž		
12.	V		OFFICERS AN	D DIRE			13.			ADDITIONS/CHANGES TO OF				
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NAME	BRAND	JN, KUI	BERLA	. 41	7 ARAGON A	rp	1.2 NAM	ΙĒ	الج	T ARAGON AVE	n1# /		1105	
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City-St-2IP	CURAL	GABLE	S FL 33144-3	4		·-		- ST - ZIP	- 00	oral Gables, FL 33.				
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NAME							6.2 NAM	E						
STREET ADDRESS			<u> </u>	1			6.3 STRE	ET ADDRESS						
CITY-ST-ZIP			[n.[/			6.4 CITY	-ST-ZIP						
14. I hereby o	certify that the	o inforpia	ition/suppled w	ith this	filing does not qu	ualify for t	ре ехеп	notion state	d in Se	ection 119.07(3)(i), Florida Statute shall have the same legal effect a	s. I further cer	tify that the	information	
	on this armu director of th			aram⊓ua bjøver or	ar report is true at True lee ompower	red to exe	are and t ecute thi	inaciny sig is report as	requir	ed by Chapter 607, Florida Statut	es; and that m	ier oain; ina iy name api	pears in	