

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

FILED

Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthant Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000062626 (1)

1. Corporation Name  
L. & BOZA INC.

Principal Place of Business

211 NW 72ND AVENUE  
APT 405  
MIAMI FL 33126

Mailing Address

211 NW 72ND AVENUE  
APT 405  
MIAMI FL 33126



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1997

4. FEI Number

65-0773124

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

21 8720 S.W. 54TH ST.

Suite, Apt. #, etc.

22

City & State

23 Miami FL

Zip

24 33165

Country

25 Same

2a. Mailing Address

26 8720 S.W. 54TH ST.

Suite, Apt. #, etc.

27

City & State

28 Miami FL

Zip

29 33165

Country

30 Same

9. Name and Address of Current Registered Agent

BOZA, RAUL  
211 NW 72ND AVENUE  
APT 405  
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

JOSE L. MUSA

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

83

8720 S.W. 54TH ST.

84 City

Miami

FL

85 Zip Code

33165

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/10/98  
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOZA, RAUL	
STREET ADDRESS	211 NW 72ND AVENUE APT 405	
CITY - ST - ZIP	MIAMI FL 33126	

TITLE	VO	<input type="checkbox"/> DELETE
NAME	MUSA, JOSE L	
STREET ADDRESS	8720 S.W. 54TH ST	
CITY - ST - ZIP	MIAMI FL 33126	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	President.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOSE L. MUSA	
2.3 STREET ADDRESS	8720 S.W. 54TH ST	
2.4 CITY - ST - ZIP	Miami FL 33165	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

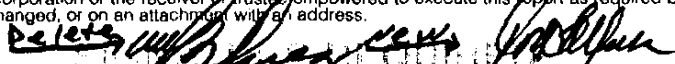
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

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:

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

03-16-98 (305) 265-0933  
Date of Filing

CR2E034 (10/97)