FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90246 045 \*\*\*150.00

Maiting Address

8720 SW 54TH ST

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700062626 1. Corporation Name

L. & BOZA INC.

Principal Place of Business 8720 SW 54TH ST

3- Deter incorporation or Qualified	APT 405		APT 405				DO NOT WRITE IN	THIS S	PACE			
2. Principal Place of Business   2. Maining Address   4. FET Ix in the   Applicable For   Suite, April, #, etc.   26. Suite, April, #, etc.   27. Suite, April, #, etc.			_	_								
2.   Mailing Address   2.   Mailing Address   3.   Mailing Address   4.   FEI N. mber	03		03			1					į	
Suita, An. #, etc.   Suita, Apt. #, etc.	2 Princina Place	of Rusiness	2a Mailing Address				<u> </u>			Applied	For	
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Security	<del></del>								· · · · · · · · · · · · · · · · · · ·			
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9. Name and Address of Current Registered Agent  MUSA, JOSE L 8720 SW 54Th ST MIAMI FL 33165  82 Street Ar dress (P.O. Bo) Number is Not Acceptable)  83 Street Ar dress (P.O. Bo) Number is Not Acceptable)  84 City  FL 85 Zip Code  85 Zip Code  86 City  FL 85 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  80 Zip Code  80 Zip Code  80 Zip Code  80 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 City  85 Zip Code  86 Zip Code  86 Zip Code  86 Zip Code  87 Zip Code  87 Zip Code  87 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code	24 33/5	E 25 () C.A	20 33/CT [	30 (	$^{\prime}$ C $^{\prime}$ C $^{\prime}$ C	,	•	_		NΕΙ	io	
MUSA, JOSE L 8720 SW 54TH ST MIAMI FL 33165  82   Street Ar dress (P.O. Box Number is Not Acceptable)  83   64   City		<u> </u>		<del></del>		10. Name and A	ddress of New Regis	tered A	gent			
### STORE ACTIONS SET NOT ADDRESS OF STORES AND DIRECTORS IN 1500 STREET ADDRESS OF STORES AND STREET ADDRESS AND STRE				81	Name							
## City   FL   85   Zip Code    11. Pursus mt to the provisions of Suctions 607.0502 and 607.1508. Florida State, les, the above-named ocrporation submit is statement for the purpose of changing. Its registered office or registered agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of circectors. I hereby accept the approintment as registered agent. I am familiar with, and accept the obligation on of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, bytes or present in the of registered agent and size is epistered and accept the obligation on of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, bytes or present in the of registered agent agent are segment agent agen	MUSA,	JOSE L		00	C+	/D.O. Day Normal	es is Not Assentable)					
11. Pursus int to the provisions of Sirctions 607.050C and 607.1508. Florida Stati, tes, the above-named or sporation submit is this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent, and an armillar with, and air-cept the obligation of, Section 607.050S, Florida Statutes.  SIGNATUFE  3gnature, typed or privided for ris of inguistrated agent age to the inguistrate agent age	8720 SW 54TH ST			82	Street At are	ess (P.O. Box Numi	er is Not Acceptable)				1	
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DELETE	Sign				nt signature required				DIDE	270072	N 12	
MUSA, JOSE L 8720 S.W. 54TH ST 13.STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126    DELETE   21 TITLE     Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP     Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Change   NAME   Change   Change   Change   NAME   Change   Change   Change   NAME   Change   Change   Change   Change   NAME   Cha					<del></del>	ADDITIONS/C	HANGES TO OFFICE					
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MIAMI FL 33126				1.2 NAME								
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Indicated on this annual report or supplied with this liming does not qualify bit the exemption stated in Section 1.35.07(3)(f), Florida Statutes. I intrifer betting 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 13 if changed, or on an entachment with an address, with all other like empowered.

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR