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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 01 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000070286 (4)

**BOXES UNLIMITED, INC.** 

Principal Place of Business Mailing Address 14441 SW 156 AVENUE 14441 SW 156 AVENUE MIAMI FL 33196 MIAMI FL 33196 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/13/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0776814 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ANDINO, IVAN 14441 **SW** 156 AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33196** 83 84 City Zip Code 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE TITLE 1.1 TITLE Change Addition ANDINO, IVAN NAME 1.2 NAME 14441 SW 156 AVENUE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33196** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETÉ Change Addition TITLE 2.1 TITLE **FUENTES**, JULIO A NAME 22 NAME 531 NW 82 AVENUE 617 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33126** CITY-ST-ZIP 2.4 CITY-ST-ZiP DELETE Change Addition TITLE 3.1 TIFLE AMADOR, JUAN DIEGO SR NAME 3.2 NAME 531 NW 82 AVE 617 STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL 33126** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4 1 Till F AMADOR, JUAN DIEGO JR 4. 2 NAME STREET ADDRESS 531 NW 82 AVE 617 4.3 STREET ADDRESS MIAMI FL 33126 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TALE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 eddress.