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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000010705

1. Corporation Name

BOJEN ENTERPRISES, INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90020 027 ***150.00



					<u>~~</u>	
Principal Place of Business Mailing Address						
6438 S.W. 23RD STREET 6438 S.W. 23RD STREET MIAMI FL 33155 MIAMI FL 33155						DO NOT WRITE IN THIS SPACE
						Date Incorporated or Qualifed 02/03/1998
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26						65-0809638 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional
27			.,			ree Required
City & State		City & State	28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	30 Cou	ntry		8. This corporation owes the current year Intangible Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent
001	1741 E7 DODED70			81	Name	
GONZALEZ, ROBERTO 6438 S.W. 23RD STREET				82	Street Addre	ress (P.O. Box Number is Not Acceptable)
MIAN	MI FL 33155			83		
						85 Zip Code
				84	City	FL 65 Zip Code
l office or m	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	uthorized	ו עס ו	the corporatio	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable (NOTE:	Registered	Agent	t signature required	ed when reinstating) DATE
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TT	TLE		☐ Change ☐ Addition
NAME	GONZALEZ, ROBERTO		1.2 N	ME		
STREET ADDRESS	6438 S.W. 23RD STREET		1.3 \$1	REET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155		1.4 CI	TY-S1	r-ZIP	
TITLE		☐ DELETE	2.1 Tf	ΠE		☐ Change ☐ Addition
NAME			2.2 N	ME.		
STREET ADDRESS			2.3 \$1	REET	ADDRESS	,
CITY-ST-ZIP			2.4 C	ITY-S	T-ZIP	
TITLE		☐ ĐELETE	3.1 TI	TLE		☐ Change ☐ Addition
NAME			3 2 NA	AME		
STREET ADDRESS			3.3 ST	REET	ADDRESS	
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP	
TITLE		☐ DELETÉ	4.1 TI	TLE		☐ Change ☐ Addition
NAME			4. 2 N	AME		
STREET ADDRESS			4.3 ST	REET	ADDRESS	
CITY-ST-ZIP			4.4 CI	TY-S1	T-ZIP	
TITLE		☐ DELETE	5.1 TT	πÆ		☐ Change ☐ Addition
NAME			52 NA	AME		
STREET ADDRESS			5.3 ST	REET	ADDRESS	
CITY-ST-ZIP			5.4 CI	TY-ST	T- ZIP	
TITLE		☐ DELETE	6.1 TI	TLE		: Change Addition
NAME			6.2 N	AME		
I			63.51	REET	ADDRESS	

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 with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: Kobeizko