PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

 Corporation 	MEN # P98000 BOS JV & G, INC.	U135	143						
Principal Place	of Business	Mailing	Address			- I IEDIIGAI II BISIN IDIII BELIN BONS BI	#1E1 11BB8 (1101 00111 0	,200 1111 100-	
9115 LITTLE RO)AD	9115 LT	TTLE ROAD						
NEW PORT RIC		NEW PC	ORT RICHEY FL 34654	4		DO NOT WRITE IN TI	HIS SDACE		
						3. Date Incorporated or Qualified	III3 SFACE		1
						02/11/1998			i
a Granica Di	and of Business	2s Mai	iling Address			4. FEI Number	Apr	lied For	1
	ace of Business	26	ing racious			59-3486185	<u> </u>	Applicable	1
Suite, Apt.	# etc		te, Apt. #, etc.				\$8.75 A	dditional	1
22	π, σια.	27				5. Certificate of Status Desired	Fee Re	quired	
City & State			y & State		<u></u>	6. Election Campaign Financing	\$5.00	Viay Be - ∸.	}- =
23		28				Trust Fund Contribution	Added to	Fees	
Zìp	Country	Zip		Country		8. This corporation owes the current year		-	1
24	25	29	3	90		Personal Property Tax.		□No	ł
	9. Name and Address of Current	Registere	d Agent			10. Name and Address of New Register	ed Agent		ł
ALSE	DII AIAIVED			81	Name Ju	IAN C VILLA lobos			ļ
AMERILAWYER			82		ess (P.O. Box Number is Not Acceptable)			ļ	
343 ALMERIA AVENUE CORAL GABLES FL 33134									ł
CON	AL GABLES FL 33134			83	911	5 Little RA		_	J
				84	City of	01/2/	85 Zip C	iode /654	1
						w FORT Richey	-L 3 3 5	1659 maletered	ł
11. Pursuant	to the provisions of Sections 607.0502	and 607.19 Afforida. S	508, Florida Statutes Juch change was aut	s, the above-i thorized by th	named corpo se corporatio	pration submits this statement for the purpose in's board of directors. I hereby accept the ap	opointment as reg	istered	
agent. I a	m familiar with, and accept the obligation	ons of Sec	tion 607.0505, Florid	da Statutes.	•	, ,			ĺ
ı	X March Chilling	~~							
SIGNATURE	1 K THE SHIP	٠٠٠						 .	ے ا
		and title if apple	cable. (NOTE. R	tegistered Agent e		when reinstring) DATE		 `_	8
12.	OFFICERS AND		cable. (NOTE. R					 `_	(11/98)
12. TITLE	PSTD OFFICERS AND		cebie. (NOTE. R	13.		when reinstring) DATE	AND DIRECTOR		34 (11/98)
12. TITLE NAME	PSTD VILLALOBOS, JUAN C		cebie. (NOTE. R	13. 1.1 TITLE 1.2 NAME	ignature required	when reinstring) DATE	AND DIRECTOR		
12. TITLE NAME STREET ADDRESS	PSTD VILLALOBOS, JUAN C 9115 LITTLE ROAD		cebie. (NOTE. R	13. 1.1 TITLE 1.2 NAME 1.3 STREET A	gneture required	when reinstring) DATE	AND DIRECTOR		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VILLALOBOS, JUAN C		cebie. (NOTE. R	13. 1.1 TITLE 1.2 NAME	gneture required	when reinstring) DATE	AND DIRECTOR		CR2F034 (11/98)
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64 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 eath; 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.

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90054 038 ***150.00