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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000082880 1. Corporation Name

E&G BOCA, INC.

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90105 036 ***150.00



											(
Principal Place of	of Business	Mailing Address	Mailing Address					1881/881 (19 1619) (811) GOVI 681	41 98111 987	., , , , , , , , , , , , ,		
4221 S.W. 60TH PLACE Miami Fl 33155		4221 S.W. 60TH PLACE MIAMI FL 33155						DO NOT WRIT	E IN TH	S SPACI	.	
								te Incorporated or Qualifed 0/24/1998				
2. Principal Plac	ce of Business	2a. Mailing Addre	2a. Mailing Address					FEI Number			Applied For	
1		26					0	5-0866456			Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #,	etc.				5. Ce	rtifcate of Status Desired		•	75 Additional se Required	
City & State		City & State						ection Campaign Financing ast Fund Contribution			.00 May Be ided to Fees	
			ountry	O. The desperates one are content year management					_			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent							
ESPINEIRA, ENRIQUE 4221 S.W. 60TH PLACE				81	Nam Stre		Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33155				83				<u> </u>				
				84	City				F	L 85	Zip Code	
office or reg agent. I am	the provisions of Sections 607, jistered agent, or both, in the St familiar with, and accept the ob	ate of Florida. Such chang	e was authoriz	ed by	the co	ed corpora rporation's	ation su s board	bmits this statement for the of directors. I hereby accep	purpose of t the app	of changi ointment	ng its registered as registered	
SIGNATURE												

agont. Ta	in larinitar man, and decopt and congenies of control of				i						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12						
TITLE	D DELETE	1 1 TITLE	D .	☐ Change	Addition						
NAME	ESPINEIRA, ENRIQUE	1.2 NAME	Patricia Llano 4221 su 60th Place Miami, Fl 33155								
STREET ADDRESS	4221 S.W. 60TH PLACE	1.3 STREET ADDRESS	4221 SW 601 Place								
CITY-ST-ZIP	MIAMI FL 33155	1.4 C/TY-ST-Z/P	Miami, F1 33153								
TITLE	D DELETE	2.1 TITLE	,	Change	☐ Addition						
NAME	LLANO, MARIO	2.2 NAME			Ì						
STREET ADDRESS	4221 S.W. 60TH PLACE	2.3 STREET ADDRESS									
CITY-ST-ZIP	MIAMI FL 33155	2.4 CITY-ST-ZIP									
TITLE	☐ DELETE	3.1 TITLE		Change	☐ Addition						
NAME		3.2 NAME									
STREET ADDRESS		3.3 STREET ADDRESS									
CITY-ST-ZIP		3.4. CITY-ST-ZIP									
TITLE	☐ DELETE	41 TITLE		☐ Change	☐ Addition						
NAME		4. 2 NAME									
STREET ADDRESS		4.3 STREET ADDRESS									
CITY-ST-ZIP		4.4 CITY-ST-ZIP		<u> </u>							
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition						
NAME		5.2 NAME		•	-						
STREET ADDRESS		53 STREET ADDRESS									
CITY-ST-ZIP		5.4 CITY-ST-ZIP									
TITLE	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition						
NAME		6.2 NAME			i						
STREET ADDRESS		6.3 STREET ADDRESS	,		İ						
CITY-ST-ZIP		6.4 CITY-ST-ZIP	· ·		_						

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.

SIGNATURE:

Marko Llawo ,