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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

ę.

S02445

(2)

Mailing Address

BOCCACCIOS, INC.

Apr 24 1998 8:00am
Secretary of State



5030 CHAMPI BOCA RATON	ion Blvd. Ste. 96-195 N Fl. 33496	5030 CHAMPION BLVD. ST BOCA RATON FL 33496	E. 96-195	·		
US		US		DO NOT WRITE IN THIS S	SPACE	
				3. Date Incorporated or Qualified 09/24/1990	<u>-</u>	
2. Principal Place of Business		2a, Mailing Address		4. FEI Number	Applied For	
21		26		65-0218037	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the curr	- · - ·	
24	25		30		YesNo	
DIA	Name and Address of Curren ANTONIO	it Registered Agent	81 Name	10. Name and Address of New Registered	Agent	
DIAL, ARTORIO				antonio Iraz Sp	-, ·	
5030 CHAMPION BLVD.			82 Street Ag	ddress (P.O. Rox Number is Not Acceptable	221-1800.	
SUITE 96-195			83 20	30 Champion DM	19 5 80 . 12	
BU	CA RATON FL 33498		83			
			84 City	soca Ratom FL	85 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. Familiar with, and accept the obligations of, Section 607.8505, Florida Statutes.						
agent la	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statutes.	Training board of directors, I hareby accept the appr	C C	
SIGNATURE	C	intonio dia	5 701 s	X υ ~ ζ «	8P~<	
	Signature, typed or printed name or registered age		Registered Agent signature re-			
12.	OFFICERS AND	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	DIAZ, ANTONIO R.	VELCTE.	1.1 TITLE	10221012 1 6	Change Addition	
NAME STREET LOOSES	5030 CHAMPION BLVD. S. 96	2.105	1.2 NAME	antonio you se!	281.18272	
STREET ADDRESS	BOCA RATON FL 33496	7-190	1.3 STREET ADDRESS		ich.	
CITY-\$T-ZIP	BOOK INTOIT I COURSE	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Boca Ration +1 330	Change Addition	
NAME	I	FT percie	2.2 NAME		Colorido Casaciero	
STREET ADDRESS	I		2.3 STREET ADDRESS			
·			2.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	31 TITLE		Change Addition	
NAME	I		3.2 NAME			
STREET ADDRESS	I		3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 TITLE		Change Addition	
NAME		•	4. 2 NAME		- •	
STREET ADDRESS			4 3 STREET ADDRESS		ļ	
CITY-ST-ZIP			4.4 City - ST- ZIP			
TITLE		DELETE	5 1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS	i		5.3 STREET ADDRESS			
CITY-ST-ZIP	I		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME	I		6.2 NAME			
STREET ADDRESS	I		6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			
14. I hereby o	pertify that the information supplied w	ith this filing does not qualify for	the exemption stated	in Section 119.07(3)(i), Florida Statutes. I further cel	rtify 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.						
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