

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

FILED

**Jan 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000071697 (5)

1. Corporation Name
BOLD II ENTERPRISES, INC.



Principal Place of Business 10205 COLLINS AVE #1205 BAL HARBOUR FL 33154	Mailing Address 10205 COLLINS AVE #1205 BAL HARBOUR FL 33154-1428
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3. Date Incorporated or Qualified 09/30/1993	3a. Date of Last Report 03/05/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number 65-0440352	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KELLERMAN, DAVID P 7561 SW 176 ST MIAMI FL 33157				10. Name and Address of New Registered Agent 81 Name RONALD A. MARIN, CEO 82 Street Address (P.O. Box Number is Not Acceptable) 2 S. BISCAYNE BLVD 83 SUITE 3580 84 City MIAMI FL 85 Zip Code 33131			
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11. Pursuant to the provisions of Sections 607.0505 and 607.0508, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **1/15/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D, P	<input type="checkbox"/> DELETE	1.1 TITLE D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MALO, JORGE		1.2 NAME Malo, Jorge	
STREET ADDRESS 10205 COLLINS AVE #1205		1.3 STREET ADDRESS 10205 Collins Ave #1205	
CITY-ST-ZIP BAL HARBOUR FL 33154		1.4 CITY-ST-ZIP Bal Harbour, FL 33154	
TITLE D, P	<input type="checkbox"/> DELETE	2.1 TITLE D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MALO, MARIA P		2.2 NAME Malo, Maria P.	
STREET ADDRESS 10205 COLLINS AVE #1205		2.3 STREET ADDRESS 10205 Collins Ave #1205	
CITY-ST-ZIP BAL HARBOUR FL 33154		2.4 CITY-ST-ZIP Bal Harbour, FL 33154	
TITLE D, S, T	<input type="checkbox"/> DELETE	3.1 TITLE D, S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MALO, ALEJANDRA		3.2 NAME Malo, Alejandra	
STREET ADDRESS 10205 COLLINS AVE #1205		3.3 STREET ADDRESS 10205 Collins Ave #1205	
CITY-ST-ZIP BAL HARBOUR FL 33154		3.4 CITY-ST-ZIP Bal Harbour, FL 33154	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Alejandra Malo* DATE: **1/15/97** DAYTIME PHONE #: **305-864-2494**

CR2E034 (9/96)