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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000091029 (4)

BOLMUR INCORPORATED

FILED Feb 04 1997 8:00am Secretary of State

| Principal Place of Business Mailing Address 2550 N.W. 72ND. SUITE 107 2550 N.W. 72ND. SUITE 107 | | | | | | | | | |
|---|---|---|---|------------------------|----------------------------|--|---|---------------------------------|--|
| MIAMI FL 33122 | | MIAMI FL 33122 | 2-1347 | | | Date Incorporated or Qualified 11/04/1996 | 3a. Date of Last | Report | |
| 2. Principal Place of | Business | 2a, Mailing Ad | idress | | | 4, FEI Number | | Applied For | |
| 21 | E236 - 2365 | 26 | 747.000 | | | 65-0715601 | · | Not Applicable | |
| | | F1 | Surle, Apt. #, etc. | | | 5. Certificate of Status Desired | | Additional Regulred | |
| City & State | | City & Stat | te | | _ | 6. Election Campaign Financing | \$5.0 | 0 May Be | |
| 23 | | 28 | | | | Trust Fund Contribution | Adde | d to Fees | |
| Zip Til | Country | J Zip | | Country | 1 | 8. This corporation has liability for | intangible tax under Yes No | s. 199.032, | |
| 24 | 25 Name and Address of C | 29 Current Registered Agen | 30 1t | | | Florida Statutes L. 10. Name and Address of New Re | | | |
| | L INTERLINK, INC. | | *************************************** | 81 | Name | | | | |
| | 72ND, SUITE 107 | | | 82 | Stront Ad | dress (P.O. Box Number is Not Acceptal | nie) | | |
| MIAMI FL | • | | | | SHEEL AC | dress (F.O. Box Number is Not Acceptat | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | | | | 83 | | | | | |
| | | | | 84 | City | TO SECURE THE SECURE T | 85 Zi | p Code | |
| | | | | | | | FL (| • | |
| Pursuant to the p office or register | provisions of Sections 60 led agent, or both lin the | 7,0502 and 607,1508, Flo State of Florida. Such ch | orida Statutes, i lange was auth | the above orized by | e-named co y the corpor | orporation submits this statement for the pration's board of directors. I hereby acce | ourpose of changing pt the appointment i | its registered as registered | |
| agent Lamifami | liar with, and accept the | obligations of, Section 60 | 37.0505, Florida | a Statute | S. | • | • , | * | |
| SIGNATURE Since Page | o, typed or per trip carrie of registe | sed agent and tills it seemeable | /NO?E: Re | custered Ac | ent signature rec | juired when reinstating) | DATE | | |
| 12. | | RS AND DIRECTORS | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 13. | | ADDITIONS/CHANGES TO OFFI | | ORS IN 12 | |
| TIFLE | y | | DELETE | 1.1 TITLE | | PRESIDENT | Change | e 🔀 Addition | |
| NAME | | | Ī | 1.2 NAME | Ì | HUMERTO R. ROLDAN 2550 NW 72nd AVEU | .) ID # 100 | | |
| STREET ADDRESS | | | | 1.3 STREET | TADDRESS . | MIAMI, FLORIDA | NE, # 107 33122 | | |
| CHY+SY-ZIP | | ····· | DC LETE | 1.4 CITY - S | S1-ZIP (| | | | |
| 1174E | | U | DELETE | 2.1 TITLE | | VICE-PRESIDENT LUZ HELENA MURILLO | Lii Changi | e 🗽 Addition | |
| NAME: | | | | 2.2 NAME | ì | 2550 NW 72nd AVENU | | | |
| STREET ADDRESS | | | | 2.3 STREET | ., | | 33122 | | |
| OHV-SI-7P THEF | | | DELETE | 2 4 CITY 3 1 TITLE | | | ☐ Change | e 🔀 Addition | |
| NAME | | | | 32 NAME | 1 | DIRECTORS | | 10. | |
| STREET ADDRESS | | | | • | T ADDRESS | ALEJANDRO ROLDAN | ID 4 107 | | |
| CITY+S1-ZIP | | | | 3.4. CITY - | ST-ZIP | 2550 NW 72nd AVENUMIAMI, FLORIDA | 3512 [#] 107 | | |
| TITLE | | | DELETE | 4.1 TITLE | | DIRECTOR | Change | e 🙀 Addilion | |
| NAME | | |] | 4. 2 NAME | } | DANIEL ROLDAN | | | |
| STREET ADDRESS | | | | 4.3 STREET | T ADDRESS | 2550 NW 72nd AVENU | | | |
| CITY - ST - ZIP | | | Dr. FFF | 4.4 CITY - S | ST-ZIP | MIAMI, FLORIDA | 33122 | . [] | |
| TITLE | | Ц | DELETE | 5.1 TITLE | | | Change | e [_] Addition | |
| NAME | | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | | 53\$TREET | | | | | |
| CHY-ST-ZIF TITLE | | | DELETE | 54 CITY-S 61 TITLE | 51-ZIP | | Chang | e 🔲 Addition | |
| NAME. | | ليبا | MARKET IL | 62 NAME | | | L Cilorgi | - La ridordon | |
| SIREET ADORESS | | | | | T ADDRESS | | | | |
| OTTALL FROUNDS | | | | OUDINEE | 1 1000000 | | | | |
| City - ST - ZIP | | | | 6.4 CITY - S | 31.7/P | | | | |

information indicated on this a Lam an officer or director of the appliamental annual report is true and accurate and that my signature shall have the same legal effect as if made under o the religiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or vith an address.

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0163113