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Mar 20 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F21048 (6)  
1. Corporation Name  
BOLUMEN, INC.



Principal Place of Business: 795 E 8TH AVENUE HIALEAH FL 33010 US  
Mailing Address: 795 E 8TH AVENUE HIALEAH FL 33010-4613 US

3. Date Incorporated or Qualified: 02/25/1981  
3a. Date of Last Report: 04/01/1996  
4. FEI Number: 59-2077297  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 State, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
26 Mailing Address  
27 Suite, Apt. #, etc.  
28 City & State  
29 Zip  
30 Country

9. Name and Address of Current Registered Agent  
BOLUMEN, ABELARDO  
-1080 E 8TH AVE HIALEAH FL FL  
795 E. 8TH AVE.  
HIALEAH, FL. 33010

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

11. Pursuant to the provisions of Sections 607.002 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when retaking) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
12.1 NAME: SD BOLUMEN, ASELA J.  
12.2 STREET ADDRESS: 851 NE 4TH PLACE  
12.3 CITY-STATE-ZIP: HIALEAH FL  
12.4 TITLE: \_\_\_\_\_  
12.5 NAME: \_\_\_\_\_  
12.6 STREET ADDRESS: \_\_\_\_\_  
12.7 CITY-STATE-ZIP: \_\_\_\_\_  
12.8 TITLE: \_\_\_\_\_  
12.9 NAME: \_\_\_\_\_  
12.10 STREET ADDRESS: \_\_\_\_\_  
12.11 CITY-STATE-ZIP: \_\_\_\_\_  
12.12 TITLE: \_\_\_\_\_  
12.13 NAME: \_\_\_\_\_  
12.14 STREET ADDRESS: \_\_\_\_\_  
12.15 CITY-STATE-ZIP: \_\_\_\_\_  
12.16 TITLE: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11.1 TITLE: \_\_\_\_\_  Change  Addition  
11.2 NAME: \_\_\_\_\_  
11.3 STREET ADDRESS: \_\_\_\_\_  
11.4 CITY-STATE-ZIP: \_\_\_\_\_  
21.1 TITLE: \_\_\_\_\_  Change  Addition  
21.2 NAME: \_\_\_\_\_  
21.3 STREET ADDRESS: \_\_\_\_\_  
21.4 CITY-STATE-ZIP: \_\_\_\_\_  
31.1 TITLE: \_\_\_\_\_  Change  Addition  
31.2 NAME: \_\_\_\_\_  
31.3 STREET ADDRESS: \_\_\_\_\_  
31.4 CITY-STATE-ZIP: \_\_\_\_\_  
41.1 TITLE: \_\_\_\_\_  Change  Addition  
41.2 NAME: \_\_\_\_\_  
41.3 STREET ADDRESS: \_\_\_\_\_  
41.4 CITY-STATE-ZIP: \_\_\_\_\_  
51.1 TITLE: \_\_\_\_\_  Change  Addition  
51.2 NAME: \_\_\_\_\_  
51.3 STREET ADDRESS: \_\_\_\_\_  
51.4 CITY-STATE-ZIP: \_\_\_\_\_  
61.1 TITLE: \_\_\_\_\_  Change  Addition  
61.2 NAME: \_\_\_\_\_  
61.3 STREET ADDRESS: \_\_\_\_\_  
61.4 CITY-STATE-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 included 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: *Abelardo B. Bolumen* ABELARDO B. BOLUMEN 3-15-97 (305) 883 4777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (9/96)