


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

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90013 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L46592

1. Corporation Name
BOL-GUARD, INC.

Principal Place of Business
13924 SW 75 STREET
MIAMI FL 33183

Mailing Address
13924 SW 75 STREET
MIAMI FL 33183



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13311 SW 22 ST.		2a. Mailing Address 26 13311 SW 22 ST		3. Date Incorporated or Qualified 12/23/1990	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0168062	
City & State 23 Miami, FL		City & State 28 Miami, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33125		Zip 29 33175		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CRESPO, NORMA
13924 SW 75 ST.
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name	NORMA CRESPO
82 Street Address (P.O. Box Number is Not Acceptable)	
83	13311 SW 22 ST
84 City	Miami
85 Zip Code	FL 33175

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. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
7/24/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRESPO, NORMA	1.2 NAME	
STREET ADDRESS	13924 SW 75 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRESPO, ROSA L	2.2 NAME	
STREET ADDRESS	13924 SW 75 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRESPO, MANUEL L	3.2 NAME	
STREET ADDRESS	13924 SW 75 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	3.4 CITY-ST-ZIP	
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 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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (11/98)

L46592
597530-90013-22

BOL-GUARD INC.
13311 SW 22 ST.
MIAMI, FL 33175

Saturday, July 24, 1999

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

RE: MISSING ANNUAL REPORT


We regret to tell you that we never received the first notice to collect the annual dues. As a matter of fact, we are taking all the necessary steps to prevent this from happening again. As you can see, we moved our business location to

13311 SW 22 ST.
MIAMI, FL 33175

and the mail was not forwarded by the post office. We did not intentionally forgot to pay the annual dues since we have no records of receiving the notices. Please, accept the enclosed check and we respectfully ask for the additional fees to be abated.

We thank you in advance for your time and understanding to our special request. If you have any question, do not hesitate to contact us at (305) 383-0031.

Sincerely yours,



NORMA CRESPO - PRESIDENT