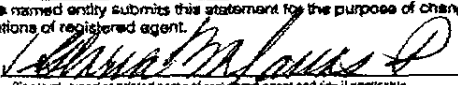
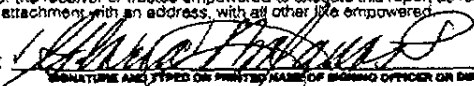


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000003821		
1. Entity Name ZOLA GLORIA BOLANOS FOUNDATION, INC.		
Principal Place of Business 3370 NE 190 ST., STE. 1801 HIDDEN BAY TOWER #1 AVENTURA, FL 33180		Mailing Address 3370 NE 190 ST., STE. 1801 HIDDEN BAY TOWER #1 AVENTURA, FL 33180
DO NOT WRITE IN THIS SPACE		
		 04082004 No Chg-NP CR2E037 (10/03)
4. FEI Number 03-0414374		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BOLANOS PONS, ZOILA G 3370 NE 190 ST., STE. 1801 HIDDEN BAY TOWER #1 AVENTURA, FL 33180		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4-8-04 Signature, typed or printed name of registered agent and day if applicable. (NOTE: Registered Agent signature required when reappointing)		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 may Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000111758 04/13/04-80033-002 70.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BOLANOS, ZOILA G 3370 NE 190 ST., STE. 1801 AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D NUNEZ, FERNANDO 3370 NE 190 ST., STE. 1801 AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CHAVEZ, GLORIA O 3370 NE 190 ST., STE. 1801 AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR		DATE 4-8-04 Daytime Phone #