# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P93000050205 (2)**

1. Corporation Name

**BAMBOLEO TERRANOSA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4840 SW 5 ST.<br>MIAMI FL 33134 | 4840 SW 5 ST.<br>MIAMI FL 33134 |

3. Date Incorporated or Qualified: **07/19/1993**

3a. Date of Last Report: **02/20/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

4. FEI Number: **65-0426377** ☐ 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

9. Name and Address of Current Registered Agent

~~FIDALGO, ENRIQUE~~
~~6345 S.W. 8TH ST.~~
~~MIAMI FL 33144~~

10. Name and Address of New Registered Agent

81 Name: HUMBERTO IGLESIAS
82 Street Address (P.O. Box Number is Not Acceptable): 4846 SW 5 TERRACE
83 MIAMI FL 33134
84 City: FL 85 Zip Code: 33134

11. Pursuant to the provisions of Section 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: X [signature] DATE: 2-12-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | ~~PD~~ | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ~~FIDALGO, ENRIQUE~~ | | 1.2 NAME | | |
| STREET ADDRESS | ~~6345 S.W. 8TH ST.~~ | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ~~MIAMI FL 33144~~ | | 1.4 CITY-ST-ZIP | | |
| TITLE | ~~SD~~ | ☐ DELETE | 2.1 TITLE | P/S/T/D | ☑ Change ☐ Addition |
| NAME | ~~IGLESIAS, HUMBERTO~~ | | 2.2 NAME | IGLESIAS, HUMBERTO | |
| STREET ADDRESS | ~~4840 S.W. 5TH TERRACE~~ | | 2.3 STREET ADDRESS | 4840 SW 5 ST. | |
| CITY-ST-ZIP | ~~MIAMI FL 33134~~ | | 2.4 CITY-ST-ZIP | MIAMI, FL 33134 | |
| TITLE | ~~TD~~ | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ~~JORJE, JORJE~~ | | 3.2 NAME | | |
| STREET ADDRESS | ~~6500 BIRD ROAD SW~~ | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ~~MIAMI FL 33155~~ | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** X [signature] 2-12-96 729-6428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #