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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300067076 (8)

BOWLING INVESTMENT CORP.

Principal Place of Business Mailing Address						10140 3 1401 45014 3 0641 10 310 3141 1001
2 S BISCYANE BLVD 2 S BISCYANE BLVD						
STE 3400 STE 3400 MIAMI FL 33131 MIAMI FL 3313			н		DO NOT WRITE IN	THIS SPACE
US US					3. Date Incorporated or Qualified	
					09/27/1993	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
		26	A-1 # -14		65-0506013	Not Applicable
22		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid	
24	25	29	30		Personal Property Tax due June 30	
	9. Name and Address of Curre	ent Registered Agent		_ :1	10. Name and Address of New Regis	itered Agent
VALDES-FAULI CORPORATE SERVICES INC				81 Name		
1 BISCAYEN TOWER STE 3400 2 S BISCYAEN BLVD MIAMIO FL 33131				82 Street	Address (P.O. Box Number is Not Acceptable)	
				83		**************************************
				84 City		85 Zip Code
44 D	(0)	100 100 F		1 '		
T OTHER OF IT	to th e provisions or Sections 607.05 egi ster ed agent, or both, in the Staf m f am iliar with, and accept the obli	ie of Florida. Such change was	authorized	i by the corp	corporation submits this statement for the pur poration's board of directors. I hereby accept t	cose of changing its registered he appointment as registered
SIGNATURE		Ç				
	Signature, typed or pointed name of registered a	A		Agent signature		DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	
TITLE	PSTD	☐ DELETE	1,1 TH			Change Addition
NAME	MOTOTO IN CONTRACTOR			ME .		
STREET ADDRESS	2 S BISCAYNE BKVD STE 3	400		REE1 ADDRESS		Į.
CHY-ST-ZIP TITLE	MIAMI FL	DELETE		Y-S1-ZIF		
NAME		FT perete	2.1 TIT			Change L Addition
STREET ADDRESS			2.2 NA			
1				REET ADDRESS		
CITY-ST-ZIP TITLE		DELETE		TY-ST-ZIP		Change Addition
NAME			3.1 TIT 3.2 NA			Change Addition
STREET ADDRESS				ME REET ADDRESS		
CITY-ST-ZIP			1			
TITLE		DELETE	3.4. CI 4.1 TIT	IY-ST-ZIP		Change Addition
NAME			4.2 NA			· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	5.1 1)T			Change Addition
NAME			5.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	6.1 717			☐ Change ☐ Addition
NAME			6.2 NA			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		

14. Thereby 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

Fernando M Moss

4 /20 /0

FILED

Aug 05 1998 8:00am

Secretary of State

(205) 256 6