## 05-06-1999 90088 020 \*\*\*150.00

FILED May 06, 1999 8:00 am Secretary of State

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	D0000000000000000000000000000000000000
DOCOMENT#	P93000067076

1. Corporation Name

BOWLING	G INVESTMENT CORP.										
Principal Place	of Business	Mailing Address					E <b>PALIBOL 110   UNIO</b> B \$1111 <b>  U</b> DTIL <b>1</b>	HATTA BATTI ARITA		Tifi i <b>ab</b> ia ezi	1581
2 S BISCYANE BLVD STE 3400 MIAMI FL 33131  2 S BISCYANE BLVD STE 3400 MIAMI FL 33131							DO NOT WR	RITE IN THIS	SPACE		
US						3. Date Incorporated or Qualifed					
							09/27/1993				
2. Principal Pl	ace of Business	2a. Mailing Address				- 1	4. FEI Number			Applied F	or
21		26					65-0506013			Not Applic	
Suite, Apt. i	Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired			5 Addition Required	1
City & State	9	City & State	•		-		6. Election Campaign Financing	, L		<b>0</b> May B	
23	<u> </u>	28					Trust Fund Contribution		Adde	ed to Fees	•
Zip	Country	Zip	Zip Cou				<ol><li>This corporation owes the cu</li></ol>	rrent year Int			
24 25		29				Personal Property Tax.		☐ Yes	<b>X</b> No		
	9. Name and Address of Currer	nt Registered Agent		1		1	0. Name and Address of New	Registered	Agent		
WALE	SEC CALILL CORROBATE CERM	YES INC		81	Name						
	DES-FAULI CORPORATE SERVIC SCAYEN TOWER STE 3400	ES INC		82	Street A	Address	(P.O. Box Number is Not Accep	table)			
	BISCYAEN BLVD			83							
MIAN	AIO FL 33131			84	City				85 Z	ip Code	
					*			FL	-	·	
office or re agent. I ar SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was ations of, Section 607.0505, Fi	authorize Iorida Sta	d by tutes	the corpo	oration s	board of directors. I hereby accommon reinstating)	ept the appoi	intment as	registere	- (
12.	<del></del>	ND DIRECTORS	13.				ADDITIONS/CHANGES TO O	FFICERS AN	ND DIREC	TORS IN	12
TITLE	PSTD	<b>₹</b> DELETE	1.1 T			D			☐ Chang	je XX A	Addition
NAME	MORATA, FERNANDO M		1.2 N	IAME		Mart	inez, Jose Antoni	ĹO			
STREET ADDRESS	A C. DIOCANAIF DIAID CTE AACO		138	. 1.3 STREET ADDRESS		2 S.	S. Biscayne Blvd. Ste 3400				
CITY-ST-ZIP	MIAMI FL	•		ITY-S	1	Miam	ui! Florida 33131				
TITLE			_			P/S/	T		☐ Chang	ge <b>√</b> 2 /	Addition
NAME	_		2.2 N				inez, Luis Javie	r			
STREET ADDRESS			2.3 5	TREET			Biscayne Blvd.		00		(
CITY-ST-ZIP			24				u, Florida 33131				Ì
TITLE				3.1 TITLE					Chang	ge □ A	Addition
NAME	_		3.2 N	3.2 NAME							
STREET ADDRESS			3.3 5	TREET	ADDRESS						
CITY-ST-ZIP				3.4. CITY-ST-ZIP							
TITLE				4.1 TITLE					Chang	ge 🔲 🗸	Addition
NAME				4, 2 NAME							
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				S-YTK	ì						
TITLE		☐ DELETE	5.1 7			-			☐ Chan	ge 🗀 /	Addition
NAME	•			AME							
STREET ADDRESS			5.3 8	TREET	T ADDRESS						
CITY-ST-ZIP			5.4 0	ITY-\$	T-ZIP						ĺ
TITLE		☐ DELETE	6.1 T	TLE					☐ Chang	ge [ F	Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP pplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information plemental 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an address, with all other like empowered. I hereby certify that the information indicated on this annual report or officer or director of the corporation Block 12 or Block 13 if changed, o

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

JOSE ANTONIO MARTINEZ-

(305) 376 6000