

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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1995 MAR -3 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # P93000071697 (5)**  
1. Corporation Name  
**BOLD II ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
**10205 COLLINS AVE #1205 BAL HARBOUR FL 33154**      **10205 COLLINS AVE #1205 BAL HARBOUR FL 33154**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/30/1993</b>	3a. Date of Last Report <b>06/17/1994</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0440352</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KELLERMAN, DAVID P 7561 SW 176 ST MIAMI FL 33157</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature must be principal place of registered agent and the registered agent. Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALO, JORGE</b>	12 NAME	
STREET ADDRESS	<b>10205 COLLINS AVE #1205</b>	13 STREET ADDRESS	
CITY, ST, ZIP	<b>BAL HARBOUR FL 33154</b>	14 CITY, ST, ZIP	
TITLE	<b>D</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALO, MARIA P</b>	22 NAME	
STREET ADDRESS	<b>10205 COLLINS AVE #1205</b>	23 STREET ADDRESS	
CITY, ST, ZIP	<b>BAL HARBOUR FL 33154</b>	24 CITY, ST, ZIP	
TITLE	<b>D</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALO, ALEJANDRA</b>	32 NAME	
STREET ADDRESS	<b>10205 COLLINS AVE #1205</b>	33 STREET ADDRESS	
CITY, ST, ZIP	<b>BAL HARBOUR FL 33154</b>	34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is wholly true and correct, and that my signature shall have the same legal effect as if made on the certificate. 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 on the back of the report, or on any attachment with an address.

SIGNATURE: *[Signature]*      2/20/95      (85) 864-2414  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Original Name)