

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:23

DOCUMENT # P93000085187 (1)

1. Corporation Name

BOBALOU, INC.

Principal Place of Business

3030 SOUTHWEST 27TH AVENUE
COCONUT GROVE FL 33133

Mailing Address

3030 SOUTHWEST 27TH AVENUE
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

27

City & State

23

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Zip

24

25

Country

29

Zip

30

Country

3. Date Incorporated or Qualified
01/03/1994

3a. Date of Last Report

4. FEI Number
65-0456074

Applied For

Net 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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes
 Yes No

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J. SPIEGEL CHTRD
343 ALMERA AVENUE
CORAL GABLES, FL 33134

10. Name and Address of New Registered Agent

91 Name **L.M. PopHAM**

92 Street Address (P.O. Box Number Is Not Acceptable)

3030 S.W. 27 AVENUE

93

94

City **COCONUT GROVE** FL Zip Code **33133**

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

L.M. PopHAM

L.M. PopHAM

1-23-95

DATE

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when rendering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	1.1 TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME	1.2 NAME		
STREET ADDRESS	1.3 STREET ADDRESS		
CITY-ST-ZIP	1.4 CITY-ST-ZIP		
TITLE	2.1 TITLE	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY-ST-ZIP	2.4 CITY-ST-ZIP		
TITLE	3.1 TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4 CITY-ST-ZIP		
TITLE	4.1 TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE	5.1 TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE	6.1 TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	6.4 CITY-ST-ZIP		

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 110.07(3)(e), 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 on it 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 no attachment with an addendum.

SIGNATURE: *L.M. PopHAM*

L.M. PopHAM

1-23-95

(JOS) 441-9515

Daytime Phone #

(Area Code)

0138887 CH