FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 JAN 30 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000091160 (9)

1. Corporation Name

BOLICHT HOLDING COMPANY, INC.

Principal Place of Business	Mailing Address
1050 RIVERGATE PLAZA 444 BRICKELL AVE. MIAMI FL 33131	1050 RIVERGATE PLAZA 444 BRICKELL AVE. MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/12/1994

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 9990 S.W. 77th AVE.,PH1 7	26 9990 S. W. 77TH AVE., PH1 7
22 Suite, Apt. #, etc. PH1	27 Suite, Apt. #, etc. PH1
23 City & State MIAMI, FL	28 City & State MIAMI, FL
24 Zip 33156 25 Country Dade	29 Zip 33156 30 Country Dade

4. FEI Number — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $6.75 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

SHAPIRO, ROBERT I
1050 RIVERGATE PLAZA
444 BRICKELL AVE.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 9990 S. W. 77TH AVE., PH1

83

84 City MIAMI FL 85 Zip Code 33156

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, 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	D	1.1 TITLE	PRESIDENT	☒ Change ☒ Addition
NAME	SHAPIRO, ROBERT I	1.2 NAME	SHAPIRO, ROBERT I.	
STREET ADDRESS	1050 RIVERGATE PLAZA, 444 BRICKELL AVE.	1.3 STREET ADDRESS	9990 S. W. 77TH AVE, PH1	
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		2.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME		2.2 NAME	PEDEN, WILLIAM K.	
STREET ADDRESS		2.3 STREET ADDRESS	5225 COLLINS AVE., PH5	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

AH/30

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)(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 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: _____ 1/12/95 305 358-2345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0132170 CP