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FILED

Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000045622 (3)

1. Corporation Name  
BULA CORP.



Principal Place of Business

407 LINCOLN ROAD  
SUITE 2G  
MIAMI BEACH FL 33139

Mailing Address

407 LINCOLN ROAD  
SUITE 2G  
MIAMI BEACH FL 33139-3018

3. Date Incorporated or Qualified

05/29/1996

3a. Date of Last Report

2. Principal Place of Business

21. ~~6 SQUARE ONE ASSOC., INC.~~

Suite, Apt. #, etc.

22. 6075 SUNSET DRIVE (SUITE 201)

City & State

23. S. MIAMI, FL.

Zip

24. 33143

Country

25. USA

2a. Mailing Address

26. ~~6 SQUARE ONE ASSOC., INC.~~

Suite, Apt. #, etc.

27. 6075 SUNSET DRIVE (SUITE 201)

City & State

28. S. MIAMI, FL.

Zip

29. 33143

Country

30. USA

4. FEI Number

65-0746626

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

COFINO, PEDRO A  
407 LINCOLN ROAD  
SUITE 2B  
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81. Name

JEROME GROSSMAN

82. Street Address (P.O. Box Number is Not Acceptable)

6075 SUNSET DRIVE (SUITE 201)

83.

84. City

S. MIAMI

FL

85. Zip Code

33143

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/97

12. OFFICERS AND DIRECTORS

TITLE D  
NAME GROSSMAN, JEROME  
STREET ADDRESS 407 LINCOLN ROAD SUITE 2G  
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D VP ☒ Change ☐ Addition  
1.2 NAME GROSSMAN, JEROME  
1.3 STREET ADDRESS 6075 SUNSET DRIVE (SUITE 201)  
1.4 CITY-ST-ZIP S. MIAMI, FL. 33143

2.1 TITLE P D ☐ Change ☒ Addition  
2.2 NAME RITTER, BRENDA  
2.3 STREET ADDRESS 6075 SUNSET DRIVE (SUITE 201)  
2.4 CITY-ST-ZIP S. MIAMI, FL. 33143

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEROME GROSSMAN V.P. 4/24/97 (305)662-6772

Date

Daytime Phone #

0190222

CR2E034 (9/96)