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FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000067146 (5)

1. Corporation Name
BOLO PUNCH CORP.



Principal Place of Business
1925 PONCE DE LEON BLVD
CORAL GABLES FL 33134

Mailing Address
1925 PONCE DE LEON BLVD
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1997

4. FEI Number

65.07.77.179.

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 owes or has paid the current year Intangible

Personal Property Tax due June 30.

Yes

No

2. Principal Place of Business

21 5401 COLLINS AV.

22 Suite 9.C.

23 MIAMI BEACH FL

24 33140

25 USA

2a. Mailing Address

26 5401 COLLINS AV

27 Suite 9.C

28 MIAMI BEACH FL

29 33140

30 USA

9. Name and Address of Current Registered Agent

HUNNEFELD, HENRY J
1925 PONCE DE LEON BLVD
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name HUNNEFELD, Henry
82 Street Address (P.O. Box Number is Not Acceptable) 1925 Ponce de Leon Blvd
83 Coral Gables
84 City Coral Gables FL 85 Zip Code 33140

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]

Henry Hunnefeld

02.04.98

(Signature typed or printed name of registered agent and title, if applicable)

(Name and address of new registered agent required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME CHRI
STOL, NATHALIE
STREET ADDRESS 5401 COLLINS AVENUE APT 916
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE
NAME CHRISTOPH NATHALIE
STREET ADDRESS 5401 COLLINS AV #916
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

14. I 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]

NATHALIE CHRISTOPH 013198

(Signature typed or printed name of signing officer or director)

DATE

Daytime Phone #

0187931

CP2E034 (10/97)