

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90033 049 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000067146**

1. Corporation Name  
**BOLO PUNCH CORP.**



Principal Place of Business  
**5401 COLLINS AVE**  
**GC**  
**MIAMI FL 33140**  
**US**

Mailing Address  
**5401 COLLINS AVE**  
**GC**  
**MIAMI FL 33140**  
**US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>5401 collins Av</b>	26 <b>5401 collins Av.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>Suite 9-C</b>	27 <b>Suite 9-C</b>
City & State	City & State
23 <b>MIAMI FL</b>	28 <b>MIAMI FL</b>
Zip Country	Zip Country
24 <b>33140</b> 25 <b>USA.</b>	29 <b>33140</b> 30 <b>USA.</b>

3. Date Incorporated or Qualified  
**08/04/1997**

4. FEI Number  
**65-0777179**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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

12. OFFICERS AND DIRECTORS

TITLE	<b>CHRI</b>	<input type="checkbox"/> DELETE
NAME	<b>STOL, NATHALIE</b>	
STREET ADDRESS	<b>5401 COLLINS AVENUE APT 916</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CHRISTOL, NATHALIE</b>	
STREET ADDRESS	<b>5401 COLLINS AVE #916</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL 33140</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>CHRISTOL NATHALIE</b>	
1.3 STREET ADDRESS	<b>5401 COLLINS AV APT 81H</b>	
1.4 CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
2.1 TITLE	<b>CHRISTOL NATHALIE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>CHRISTOL NATHALIE</b>	
2.3 STREET ADDRESS	<b>5401 COLLINS AV APT 81H</b>	
2.4 CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 the address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHRISTOL, NATHALIE** 01.11.99 305 868 1446

Date

Daytime Phone #

CR2E034 (1/1/98)