

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 5401 collins Av	26 5401 collins Av.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 9-C	27 Suite 9-C
City & State	City & State
23 MIAMI FL	28 MIAMI FL
Zip Country	Zip Country
24 33140 25 USA.	29 33140 30 USA.

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)	FL
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	CHRI	<input type="checkbox"/> DELETE
NAME	STOL, NATHALIE	
STREET ADDRESS	5401 COLLINS AVENUE APT 916	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CHRISTOL, NATHALIE	
STREET ADDRESS	5401 COLLINS AVE #916	
CITY-ST-ZIP	MIAMI BCH FL 33140	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHRISTOL NATHALIE	
1.3 STREET ADDRESS	5401 COLLINS AV APT 81H	
1.4 CITY-ST-ZIP	MIAMI BEACH FL 33140	
2.1 TITLE	CHRISTOL NATHALIE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHRISTOL NATHALIE	
2.3 STREET ADDRESS	5401 COLLINS AV APT 81H	
2.4 CITY-ST-ZIP	MIAMI BEACH FL 33140	
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 (1/198)