FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED						
PROFIT CORPORATION			FLORIDA DEPARTMENT OF STATE		Apr 29, 19	99 8:00 am
ANNUAL REPORT			Secretary of State		Secretary	of State
1999			DIVISION OF CORPORATIONS		04-29-1999 90114	
DOCUMENT # S36388 (4) 1. Corporation Name						
BOLERO HOLDINGS, INC						
Principal Place of Business Mailing Address						ANNA ANA ANA ANA ANA ANA ANA ANA ANA AN
· ·				TH AVE		
MIAMI FL 33166 MIAMI FL 3316				66	DO NOT WRITE 3. Date Incorporated or Qualifed	IN THIS SPACE
						)3-08-1991
2. Principal Place of Business			2a. Mailing Address 26		4. FEI Number 65-0304664	Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\$8.75 Additional     Fee Required
City & Stati	8	28	City & State		8. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip 24	Counti [25]	ry29	Zip 30	Country	<ol> <li>This corporation owes the current Personal Property Tax.</li> </ol>	t year Intangible SSI Yes □No
	9. Name and Addr				10. Name and Address of New Re	
81 Narre						
BARRERA, ROBERT EUGENE 3900 N.W. 79TH AVE					dress (P.O. Box Number is Not Acceptabl	8)
SUITE 216					· · · · · · · · · · · · · · · · · · ·	
	MIAMI FL	33166		84 City		FL 85 Zip Code
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 the # applicable. (NOTE: Registered Agent signature regulied when reinstating)						
12.		OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	D			1,1 TTLE		🗋 Change 🔲 Addition
NAME STREET ADDRESS		ROBERT E	UGENE E SUITE 216	1.2 NAME 1.3 STREET ADORESS		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP		
TITLE				21 MLE	· ·	Change Addition
NAME				2.2 NAME 2.3 STREET ADORESS		
STREET ADORESS CITY-ST-ZIP				2.4 CITY-ST-ZIP		
TTTLE				3.1 TITLE		Change Addition
NAME				32 NAME		
STREET ADDRESS CITY-ST-ZIP				3.3 STREET ADDRESS 3.4. CITY- ST-ZIP		
TITLE			DELETE	4.1 TIRLE		Chançe Addition
NAME				4, 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS 4.4 CITY- ST-ZIP		
CITY-ST-ZP TITLE				5.1 TITLE	<u> </u>	Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS 5.4 CITY- ST-ZIP		
CITY-ST-OP TITLE			DELETE	6.1 TITLE		Change Addition
NAME				6.2 NAME		
STREET ADDRESS		1		8.3 STREET ADDRES3		
14. I hereby C	certify that the information	on supplied with this	filing does not quality for th	e exemption stated in	Section 119.07(3)(I), Florida Statutes.   ft	inther 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Blcck 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE:						