

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 19 AM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V16988** (0)
1. Corporation Name
BOLINGO, INC.

Principal Place of Business
**2103 LEJUNE RD.
CORAL GABLES FL 33134**

Mailing Address
**C/O ARAN CORREA & GUARCH
710 S. DIXIE HWY
CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/24/1992

3a. Date of Last Report
04/29/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	4649 NW 36 Street	26	C/O Aran Correa & Guarch	65-0321515		Not Applicable	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27	710 S. Dixie highway	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		6. This corporation has liability for intangible tax under S. 109.032, Florida Statutes			
23	Miami Springs, Florida	28	Coral Gables, Florida	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	Zip 33146	25	Country	29	Zip 33146	30	Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GUARCH, J.M., JR. 710 S. DIXIE HIGHWAY CORAL GABLES FL 33146				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				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 **MANUELA GUARCH** DATE **1-19-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVARRO, FERNANDO S. DELETE	1.2 NAME	
STREET ADDRESS	612 MAJORCA AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	D/C HARRISON / PRES / SEC / TREA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUARCH, MANUEL A.	2.2 NAME	
STREET ADDRESS	612 MAJORCA AVENUE	2.3 STREET ADDRESS	4649 NW 36 ST.
CITY - ST - ZIP	CORAL GABLES FL	2.4 CITY - ST - ZIP	Miami Springs, FL 33166
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEVAREZ, JOSE ANTONIO DELETE	3.2 NAME	
STREET ADDRESS	612 MAJORCA AVENUE	3.3 STREET ADDRESS	4649 NW 36 ST.
CITY - ST - ZIP	CORAL GABLES FL	3.4 CITY - ST - ZIP	Miami Springs, FL 33166
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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: DATE **1-19-95** 305-863-6748