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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name G70362

(0)

BON TRADE INT'L. CORP.											
Principal Place o	of Business	Maili	ing Address				- I (ME)(II) AQVI (ADVI BRIAT (I)(A DI(II)	11 81 (118 1)	AINI MIZIL BIBIL MI	#1) 7 191(14 91	
6995 NW 82 A		69	195 NW 82 AVE								
BAY #40	···		AY #40								
MIAMI FL 33166			MIAMI FL 33166 US				3. Date Incorporated or Qualified 3a. Date of Last Report				
US		0.	,				11/16/1983	<u></u>	05/01/199		
2. Principal Plac	ce of Business	2a.	Mailing Address				4. FEI Number			oplied For ot Applicable	
11		26				\$9.75 Addition					
Suite, Apt. #	, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired		*	equired		
City 9 State			City & State				6. Election Campaign Financing		\$5.00	May Be	
City & State		 	28			Trust Fund Contribution Added to Fees					
Zip	Country		Zip	Cou	intry		8. This corporation has liability for	intangib	le tax under s	199.032,	
24	25	29		30	,			No			
	9. Name and Address of Curre	nt Registe	ered Agent		81	Name	10. Name and Address of New I	Jah12161	en Walle		
	Gentil, Stephen A.				82	Street Addr	ress (P.O. Box Number is Not Accepta	ole)			
	.W. 93RD AVE.				83						
MIAMI FI	L 33158								les Zio	Code	
					84	'		-	FL `` `		
44 Duvenant to	o the provisions of Sections 607.050	02 and 607	,1508, Florida Statuti	es, the abr	ove-r	named corpo	ration submits this statement for the part of directors. I hereby accept the ap	rpose o	f changing its re	gistered office	
or register	ed agent, or both, in the State of Flo	rida. Such	change was authorize	ed by the :	corp	oration's boa	and of directors. I hereby accept the ap-	XOITIUTIEI	it as registered	agent. Fam	
	n, and accept the obligations of, sec	CHOIT OUT .C	000, 110/104 0/4/0/00	•							
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if ap	opticable. (NC		d Age	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OF	DA		20 IN 12	
12.	OFFICERS A	ND DIREC		13.			ADDITIONS/CHANGES TO OF	ricens	Change	Addition	
TITLE	PST		☐ DELETE		TITLE				—		
NAME	PERRET-GENTIL, STEPHEN				VAME	T ADDRESS					
STREET ADDRESS	17220 SW 93RD AVE										
CITY-ST-ZIP	MIAMI, FL 00000		DELETE		TITLE	ST-ZIP			☐ Change	Addition	
TITLE					NAME						
NAME OTHER FARROSECO						T ADDRESS					
STREET ADDRESS						ST-ZIP					
CITY-ST-ZIP TITLE			☐ DELETE		TITLE		· ·		☐ Change	Addition	
NAME				321	NAME	}					
STREET ADDRESS				3.3.	STRE	FT ADDRESS					
CITY-ST-ZIP						ST-ZIP			Change	Addition	
TITLE			☐ DELETE	1	TITLE				□ pirange		
NAME					NAME	1					
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP			DELETÉ		CITY-	ST-ZIP			Change	☐ Addition	
TrTLE					NAME	1				-	
NAMÉ						et address					
STREET ADDRESS						-ST-ZIP					
CITY-ST-ZIP			DELETE		TITLE				Change	☐ Addition	
T'ILE					NAME						
NAME					INVIVI	· I					
						ET ADDRESS					
STREET ADDRESS CITY+ST-ZIP				63	STRE	ET ADDRESS	v for the exemption stated in Section 1				

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 119.07(3)(ii), Florida Statutes, I furnier certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 Block 12 or Byck, 13 if chapted, or of an officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Byck, 13 if chapted, or of an officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Byck, 13 if chapted, or of an officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Byck, 13 if chapted, or of an officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. KEPHEN A. PERRET-GONTH; April 1996; (305) 593-1177 SIGNATURE