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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE: \_\_

P27660 DOCUMENT #

1. Corporation Name

(0)

BONREL REALTY CORP.							
Principal Place of Business Mailing Address					( PARITORI CITA PIRIT PARITOR DICITA RICILI A	B	)+9() @18)( B18)1 1481
C/O WILLIAMS ISLAND ASSOCIATES. LTD. 7900 ISLAND BLVD NORTH MIAMI BEACH FL 33160		C/O WILLIAMS ISLAND ASSOCIATES. LTD. 7900 ISLAND BLVD NORTH MIAMI BEACH FL 33160					
					3. Date incorporated or Qualified	3a. Date of Las	st Renort
					01/10/1990	04/14/	
2. Principal Place	e of Rusiness	2a. Mailing Address			4. FEI Number	<b>V 4 7 7</b>	Applied For
	6 01 50311633	26			13-3039541		Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 -	.75 Additional ee Required
2		27			6. Election Campaign Financing		.00 May Be
City & State		City & State	•		Trust Fund Contribution	1 1	dded to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for in	ntangible tax unde	ers 199.032,
]	25	29	30		Florida Statutes  Yes	□ No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	egistered Agent	
			16	Name			
ARKIN, RI	ICHARD A., ESQ.		8	2 Street Addr	et Address (P.O. Box Number is Not Acceptable)		
7900 ISLAND BLVD.		83		<u></u>			
NORTH M	AIAMI BEACH FL 33160		ľ	13			
			1	14 City		FL  85	Zip Code
	the articles of Pastions 607 0507	and 607 1509. Florida Statu	tes the abov	e-named corpor	ration submits this statement for the purp	note of changing	its registered offic
ar raniatora	d agent, or both, in the State of Floric , and accept the obligations of, Sect	as isuan change was autucut	260 07 016 60	rporation's total	ration submits this statement for the purport of directors. I hereby accept the appo	MINION GO TOGO	
	, and accept the obligations of, occur	, on 00110000, 1101100 0 to 1010				_	
NOVATURE.	grature, typed or printed name of registered agent		OTE: Registered A	gent signature require	ed when reinstating)	DATE DIDE	CTODE IN 12
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James M. Lieb, Vice President 4/19/96 (908)390-9400

Daytime Phone \*

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR