

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 13 1996 8:00 am
Secretary of State

DOCUMENT # 605388 (8)

1. Corporation Name

BONAVISTA HOLDINGS, INC.

Principal Place of Business

720 CONCHSHELL WAY
PLANTATION FL 33324

Mailing Address

720 CONCHSHELL WAY
PLANTATION FL 33324



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/27/1978		3a. Date of Last Report 01/23/1995	
21. State, Apt. #, etc.	26. State, Apt. #, etc.			4. FEI Number 59-1868796		Applied For Not Applicable	
22. City & State	27. City & State			5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FEINSTEIN, MARVIN, ESQ. 720 CONCHSHELL WAY PLANTATION FL 33324				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City			
				85. Zip Code FL			

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 type for printed name of signing officer or director

NOTE: Registered Agent signature required when making change

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	
NAME	FEINSTEIN, BARRY	12. NAME	
STREET ADDRESS	1384 GREENE AVENUE SUITE 300	13. STREET ADDRESS	
CITY-STATE-ZIP	WESTMOUNT QUEBEC CA	14. CITY-STATE-ZIP	
TITLE	VD	2. TITLE	
NAME	FEINSTEIN, MARVIN	22. NAME	
STREET ADDRESS	720 CONCHSHELL WAY	23. STREET ADDRESS	
CITY-STATE-ZIP	PLANTATION FL	24. CITY-STATE-ZIP	
TITLE		3. TITLE	
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-STATE-ZIP		34. CITY-STATE-ZIP	
TITLE		4. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE		5. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE		6. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-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 119.07(3)(k), 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 or changed, or on an attachment with an address.

SIGNATURE: *MARVIN FEINSTEIN*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: FEB 7/96 (954)(423-9749)
DATE OF FILING

CR2E034 (12/95)