FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G29771 (4)

1. Corporate Name
BONINCO, CORP.

Principal Place of Business
2701 E. ATLANTIC BLVD., #104
POMPANO BEACH FL 33062

Mailing Address
5232 N.E. 19TH AVE
POMPANO BEACH FL 33064
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1983
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 59-2290479
☐ Applied For
☐ Not Applicable

State, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 25 29 30

8. The corporation is subject to chapter 607 of the Florida Statutes. ■ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHN AMEDEE SELLIN
5232 NE 19TH AVE.
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

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 Section 607.0505 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

(If changing registered agent, registered agent must sign here.) (If changing registered agent, registered agent must sign here.) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P NAME SELLIN, MONIQUE STREET ADDRESS 5232 NE 19 AVENUE CITY-ST-ZIP POMPANO BCH. FL	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. To the best of my knowledge, I certify that the information supplied with this filing is complete and accurate. I further certify that the information indicated on this report or supplemental 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 11 or Block 14 if changed, or on an attachment with an address.

SIGNATURE: * [signature] 4/28/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

0106415 CP