FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K12991

(1)

2a. Mailing Address

BONWITT ENTERPRISES, INC.

Secretary of State

3. Date Incorporated or Qualified

01/26/1988

4. FEI Number

FILED

Feb 10 1997 8:00am

3a. Date of Last Report

Applied For

09/19/1996

Principal Place of Business	Mailing Address	I INDIENIN OON (1858 17519 ERING 1861 BIRIN ONNIN OLDIN EIRIN ONNIN ANDIN 1881
13996 8.W. 139 CT	13996 S.W. 139 CT	
MIAMI FL 33186	MIAMI FL 33186-5513	

25]		26				65-0023533		No:	t Applicable
Suite, Apt.	#, etc.	Suite, Apt	. #, etc.			5. Certificate of Status Desired		\$8.75 A Fee Re	I
City & State		27 City & Sta	nto.						<u> </u>
¬ ′	•	⊢ ¬ ′	ue			6. Election Campaign Financing Trust Fund Contribution		\$5.00	
23 Zip	Country	28 Zip	···	Country		This corporation has liability for		Added to	
24]	25	29	ļ.	30		1	Yes :		199.032,
[4]	9. Name and Address of Current			<u> </u>		10. Name and Address of New Re			
PΛI	ORIGUEZ, ANDRES			81	Name		B		
	96 SW 139 CT								
	MI FL 33186			82	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)		
MIC	MI FL 33100			83					
									J
				84	City		FL '	35 Zip C	Code
44 Dimension	10 No. 2016 10 10 10 10 10 10 10 10 10 10 10 10 10		la della Otat de			0 4 4 10		1	
office or r	egistered agent, or both, in the State o	of Florida. Such cl	hange was au	ithorized by	the corporati	oration submits this statement for the plion's board of directors. I hereby accept	pt the appoin	anging its tment as	registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 6	i07.0505, Flor	ida Statutes	i. '				-
SIGNATURE									
12.	Signature, typed or printed name of registered agon OFFICERS AND		(NOTE	Fingistered Age	nt signaturé réquiri	ad when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DECTOR	CINIAO
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NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				ļ
CITY-ST-ZIP	and the state of t	(N) 1 / 2 / 2		6.4 CITY - S		140.07/03/2 5/ 11.0	. 15.00	air ar a	
informatio	by certify that the information supplied on indicated on this annual report or st	with this fling do uplemental annu	es not qualify al report is tru	tor the exe le and accu	mption stated trate and that	in Section 119.07(3)(i), Florida Statute my signature shall have the same lega	s. I further ce il effect as if i	rury that f made unc	ine der oath; that

I am an officer or director of the conviction or the received 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 open attachment with an address