

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

DOCUMENT # **K22651** (9)
1. Corporation Name
BONILLA ENTERPRISES, INC.



Principal Place of Business: **RUTH DAVID OF BOCA, 1799 SOUTH FEDERAL HWY., BOCA RATON FL 33432 US**
Mailing Address: **C/O BONILLA ENTERPRISE, 895 W 18TH ST, HIALEAH FL 33010 US**

3. Date Incorporated or Qualified: **05/02/1988** 3a. Date of Last Report: **02/22/1995**
4. FEI Number: **65-0050891** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent: **BONILLA, MARILYN, 4900 NE 26TH ST., FT. LAUDERDALE FL 33305** (Handwritten: **915 W. 18 ST., HIALEAH FL 33010**)
10. Name and Address of New Registered Agent: 81 Name; 82 Street Address; 83; 84 City; 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 607.0502 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: _____ (Signature of Registered Agent) _____ (Signature of Officer or Director)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|---|
| TITLE | PD | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BONILLA, PAUL JR. | 12. NAME | |
| STREET ADDRESS | 15800 W. PRESTWICK PLACE | 13. STREET ADDRESS | |
| CITY-STATE-ZIP | MIAMI LAKES FL | 14. CITY-STATE-ZIP | |
| TITLE | SD | 2. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BONILLA, MARIA | 22. NAME | |
| STREET ADDRESS | 15800 W. PRESTWICK PLACE | 23. STREET ADDRESS | |
| CITY-STATE-ZIP | MIAMI LAKES FL | 24. CITY-STATE-ZIP | |
| TITLE | V | 3. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BONILLA, RICHARD | 32. NAME | |
| STREET ADDRESS | 1273 SEAGRAPE CIRCLE | 33. STREET ADDRESS | |
| CITY-STATE-ZIP | FT. LAUDERDALE FL | 34. CITY-STATE-ZIP | |
| TITLE | | 4. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42. NAME | |
| STREET ADDRESS | | 43. STREET ADDRESS | |
| CITY-STATE-ZIP | | 44. CITY-STATE-ZIP | |
| TITLE | | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52. NAME | |
| STREET ADDRESS | | 53. STREET ADDRESS | |
| CITY-STATE-ZIP | | 54. CITY-STATE-ZIP | |
| TITLE | | 6. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 if changed, with an address.

SIGNATURE: **PAUL BONILLA** 3/14/96 308-884-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)