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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

BONANZA INTERNATIONAL INC.

FILED

Jan 21 1998 8:00am

Secretary of State

		_
Principal Place of Business	Mailing Address	
8390 NW 53RD STREET SUITE 323 MIAMI FL 33166 US	8390 NW 53RD STREET SUITE 323 MIAMI FL 33166 US	

IIS US					DO NOT WRITE IN THIS SPACE						
Ì							3. Date Incorporated or Qualified				
							04/06/1989				
2. Principal Place of Business 2a. M			2a. Mailing Address	Mailing Address			4. FEI Number		Applied For		
21 26			26	•			65-0112640		Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
23	City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	.00 May Be ded to Fees				
24	Zip	Country Zip Co 25 29 30			ý		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 🛛 Yes 🔲 No				
	9. Name	and Address of Curren	t Registered Agent				10. Name and Address of New Registered A	\gent			
	MCCOY, JAN	MES L		8	ı	Name					
	8390 NW 531 SUITE 323	RD STREET		8:	2	Street Addre	ess (P.O. Box Number is Not Acceptable)				
	MIAMI FL 33	166		8:	3						
				8-		City	FL		Zip Code		
11	. Pursuant to the provis	sions of Sections 607.050	2 and 607.1508, Florida Sta	tutes, the abo	ve-	-named corp	oration submits this statement for the purpose of	chang	ng its registered		

office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Signature, typed or printed name or registered agent and title if applicable. (NOTE: registered Agent signature required when remistating)								
12.	OFFICERS AND DIRECT	ORS	13.		NS/CHANGES TO	OFFICERS AN		
TITLE	PST	☐ DELETE	1.1 TITLE	VP_	_		Change	Addition
NAME	MCCOY, JAMES L.		1.2 NAME	Mc COY,	DOUGLAS 53RD ST	3 S.	2	
STREET ADDRESS	8390 NW 53RD ST., STE.323		1.3 STREET ADDRESS	8390 NW	62 48ES	, STE	٠. ~	
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY - ST - ZIP	MIAMI	FL 331	66		
TITLE	D	DELETE	2.1 TITLE	·		•	☐ Change	Addition
NAME	MCCOY, JAMES L.		2.2 NAME					
STREET ADDRESS	8390 NW 53RD ST., STE.323		2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33166		2. 4 CITY - ST - ZIP					
TITLE		☐ DELETE	3,1 TITLE		•	•	☐ Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3,3 STREET ADDRESS					ļ
CITY-ST-ZIP	<u>,</u>		3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4, 2 NAME					
STREET ADDRESS			4,3 STREET ADDRESS					1
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5,1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5,3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP				(-1 -:	
TITLE		☐ DELETE	6,1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address.