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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 8:56

DOCUMENT # **K86616** **(5)**

1. Corporation Name
BONETTI TRADING INC.

Principal Place of Business	Mailing Address
2210 NE 48TH CT LIGHTHOUSE PT FL 33064 US	2210 NE 48TH CT LIGHTHOUSE PT FL 33064 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1989	3a. Date of Last Report: 03/10/1994
4. FEI Number: 65-0114811	☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SILVESTRE, JOAO J
4201 N FEDERAL HWY
SUITE E
POMPANO BCH FL 33064

10. Name and Address of New Registered Agent

81 Name: Silvestre, Joao S.
82 Street Address (P.O. Box Number is Not Acceptable): 2210 NE 48 Court
83
84 City: Lighthouse Pt. FL 85 Zip Code: 33064

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, typed or printed name of registered agent and title, if applicable) (DATE) (Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SILVESTRE, JOAO J.	12 NAME	
STREET ADDRESS	1370 S. OCEAN BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	SILVESTRE, JOAO	22 NAME	
STREET ADDRESS	1370 S. OCEAN BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	SILVESTRE, PAULO JOSE	32 NAME	
STREET ADDRESS	1370 S. OCEAN BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is true and accurate. For profit corporations only: 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 12 or Block 13 if changed, or added, mark with an address.

SIGNATURE: X _____ 1/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR (Date)

010A00 CP