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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L88184

(1)

FILED Apr 13 1998 8:00am Secretary of State

BONBERN, INC. **Principal Place of Business** Mailing Address 12000 BISCAYNE BLVD. 12000 BISCAYNE BLVD. DO NOT WRITE IN THIS SPACE MIAMI FL 33181 MIAMI FL 33181 3. Date Incorporated or Qualified 07/18/1990 2. Principal Place of Business 2a. Mailing Address Applied For 65-0220066 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zio Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BERNSTEIN, JEROME 12000 BISCAYNE BLVD. Street Address (P.O. Box Number is Not Acceptable) #810 **MIAMI FL 33181** 84 Zip Code City 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, typod or printed name of registerest egent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Addition 1.1 TITLE TITLE 1.2 NAME BERNSTEIN, JEROME 12000 BISCAYNE BLVD. #810 1.3 STREET ADORESS STREET ADDRESS **MIAMI FL 33181** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE TITLE 2.1 TITLE NAME BERNSTEIN, BONNIE 2.2 NAME 12000 BISCAYNE BLVD. #810 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33181** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME HALLE 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition Change DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 of 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

President

305-891-6806