

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M08515 (2)

1. Corporation Name
FM & SONS INTERNATIONAL CORPORATION



Principal Place of Business

450 N.E. 174 STREET
P.O. BOX 640784
ULETA FL 33164

Mailing Address

450 N.E. 174 STREET
P.O. BOX 640784
ULETA FL 33164

3. Date Incorporated or Qualified
12/04/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 290 174 ST

26 290 174 ST

4. FEI Number

59-2472556

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

22 Suite, Apt. #, etc.
Unit 1503

27 Suite, Apt. #, etc.
Unit 1503

23 City & State
MIAMI BEACH FL

28 City & State
MIAMI BEACH FL

24 Zip
33160

25 Country
DADE

29 Zip
33160

30 Country
DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BONNARDEL, FRED
450 N.E. 174TH STREET
NO. MIAMI BEACH FL 33162

81 Name

FRED BONNARDEL

82 Street Address (P.O. Box Number is Not Acceptable)

290 174 ST Unit 1503

83

84

City MIAMI BEACH FL

85 Zip Code

33162

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

Fred Bonnardel

(NOTE: Registered Agent signature required when reinstating)

DATE
April 26 1996

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME BONNARDEL, MARJORIE
STREET ADDRESS 450 NE 174 STREET
CITY-ST-ZIP NO MIAMI BCH FL ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE PSTD
1.2 NAME BONNARDEL MARJORIE
1.3 STREET ADDRESS 290 174 ST UNIT 1503
1.4 CITY-ST-ZIP MIAMI BEACH FL 33160 ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, or on an attachment with an address.

SIGNATURE: *Mayne Bonnardel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 933 8555

CR2E034 (12/95)