

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 # M30473 (6)

1. Corporation Name

BONANZA CHEMICAL CO., INC.



Principal Place of Business

17570 ATLANTIC BLVD. #217
MIAMI BEACH FL 33160

Mailing Address

17570 ATLANTIC BLVD. #217
MIAMI BEACH FL 33160

3. Date Incorporated or Qualified

04/15/1986

3a. Date of Last Report

06/14/1995

4. FEI Number

59-2660001

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 17570 ATLANTIC BLVD

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 MIAMI BEACH, FL.

28 MIAMI BEACH, FL.

24 Zip

29 Zip

24 33160

29 33160

25 Country

29 Country

25 DADE

29 DADE

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAYER, MANFRED R.
17570 ATLANTIC BLVD., #217
MIAMI BEACH FL 33160

81 Name

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

83

84 City

FL

85 Zip Code

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

Manfred R. Bayer
Signature (Typed or printed name of agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

2/5/96
DATE

12. OFFICERS AND DIRECTORS

101 PD ☐ DELETE
NAME BAYER, MANFRED R.
STREET ADDRESS 17570 ATLANTIC BLVD. #217
CITY-STATE-ZIP MIAMI BEACH FL

102 ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

103 ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

104 ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

105 ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

106 ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96
Date

(305) 931-1296
Daytime Phone #

CR2E034 (12/95)