SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 28 AM 9:15

DOCUMENT # **P93000061602 (7)**

1. Corporation Name
BONVENTRE, INC.

Principal Place of Business	Mailing Address
2431 N.W. 1ST AVE. #31J BOCA RATON FL 33431	2431 N.W. 1ST AVE. #31J BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0417389	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 2411 N.W. 1ST AVE	26 2411 N.W. 1ST AVE
Suite, Apt. #, etc. 22 BAY 11R	Suite, Apt. #, etc. 27 BAY 11R
City & State 23 BOCA RATON, FL.	City & State 28 BOCA RATON, FL.
Zip / Country 24 33431 / 25 PALM BEACH	Zip / Country 29 33431 / 30 PALM BEACH

9. Name and Address of Current Registered Agent

BONVENTRE, PAOLO
2431 N.W. 1ST AVE.
#31J
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: BONVENTRE, PAOLO
82 Street Address (P.O. Box Number is Not Acceptable): 2411 N.W. 1ST AVE
83: BAY 11-R
84 City: BOCA RATON FL 85 Zip Code: 33431

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: Bonventre Paolo — June 21, 95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☐ Change ☐ Addition
NAME	BONVENTRE, PAOLO	12 NAME	BONVENTRE, PAOLO	
STREET ADDRESS	4761 NW 2ND AVE / STE - 305	13 STREET ADDRESS	3745 N.W. 4TH AVE	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	BOCA RATON, FL. 33431	
TITLE	STD	21 TITLE	STD	☐ Change ☐ Addition
NAME	BONVESTRE, LAURA	22 NAME	BONVENTRE, LAURA	
STREET ADDRESS	4761 NW 2ND AVE / STE - 305	23 STREET ADDRESS	3745 N.W. 4TH AVE	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	BOCA RATON, FL. 33431	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		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		

CR2E034 (3/95)

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)(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.

SIGNATURE: Bonventre Paolo — June 21, 95 — (407) 338-8770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000481 CP