FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001525043
-06/27/95--01119--016
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # ~~P93000067682~~

1. Corporation Name
BONANZA Estates Corp.

P93000067682

Principal Place of Business
16793 SW 147 AVE
MIAMI, FL. 33187

Mailing Address

3. Date Incorporated or Qualified: 9/23/93
3a. Date of Last Report: 5/1/94

2. Principal Place of Business
21 16793 SW 147 AVE
22 Suite, Apt. #, etc.
23 City & State: MIAMI, FL.
24 Zip: 33187 Country: USA

2a. Mailing Address
26 16793 SW 147 AVE
27 Suite, Apt. #, etc.
28 City & State: MIA FL.
Zip Country

4. FEI Number: 65-0464759 ☐ 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 Chapter 199, F.S.

9. Name and Address of Current Registered Agent
Sidney Z. Brodie P.A.
7270 NW 12th Street
Miami, FL 33126
Ph (305) 477-1155

10. Name and Address of New Registered Agent
81 Name: Robert Wayne P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 1225 SW 87 Ave
83 Ph (305) 264-5397
84 City: Miami, FL
FL
85 Zip Code: 33174

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the abovenamed 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: _____ DATE
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT.
NAME	VICTOR F. SEIJAS JR.
STREET ADDRESS	15061 SW 145 ct.
CITY-ST-ZIP	MIAMI, FL. 33186.
TITLE	SECRETARY
NAME	TOMAS Him
STREET ADDRESS	16793 SW 147 AVE
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	VICE PRESIDENT.	☒ Change ☐ Addition
12 NAME	TOMAS Him	
13 STREET ADDRESS	16793 SW 147 AVE	
14 CITY-ST-ZIP	MIAMI, FL. 33187	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	REMITTED BY MAY 1	☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS	DB 6/23	
64 CITY-ST-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)(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: (CPAs) Victor F. Seijas Jr. 4-20-95 (305) 256-2588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #