

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000072306 (2)**  
 1. Corporation Name  
**BONILLA NAPLES, INC.**



Principal Place of Business <b>2360 IMMOKALEE RD NAPLES FL 33963</b>	Mailing Address <b>BONILLA ENTERPRISE, INC. 895 W 18TH STREET HIALEAH FL 33010 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
<b>21</b>		<b>26</b>	<b>915 W 18 St.</b>	<b>10/11/1993</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
<b>22</b>		<b>27</b>		<b>65-0444783</b>	Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>23</b>		<b>28</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip	Country	Zip	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BONILLA, MARILYN</b> <b>915 W 18 ST</b> <b>HIALEAH FL 33010</b>				81 Name <b>Paul Bonilla</b>			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				<b>895 West 18th St.</b>			
				84 City <b>Hialeah, FL</b> 85 Zip Code <b>33010</b>			

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 agree to the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE  *[Signature]* **President** DATE **04/09/98**

Signature, typed or printed name of registered agent and job, if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BONILLA, PAUL JR.</b>		1.2 NAME		
STREET ADDRESS	<b>15800 W PRESTWICK PL</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>		1.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BONILLA, MARIA</b>		2.2 NAME		
STREET ADDRESS	<b>15800 W PRESTWICK PL</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>		2.4 CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BONILLA, RICHARD</b>		3.2 NAME		
STREET ADDRESS	<b>895 W 18TH STREET</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>HIALEAH FL</b>		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 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]* **President** **04/09/98**

CR2E034 (10/97)