FILE NOW: FILING FEE AFTER MAY 1 IS \$2 5.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortl ANNUAL REPORT Secretary of St DIVISION OF CORPO ATIONS 1996 P93000077957 DOCUMENT # BONILLA COMMUNICATIONS, INC. Principal Place of Business Mailing Address 7654 NW 88TH WAY 112-B FITZPATRICK ST. KEY WEST FL 00021 TAMARAC FL 33321 3a. Date of Last Report 3. Date incorporated or Qualified 11/10/1993 09/29/1995 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 65-0451223 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes \[\subseteq \text{No} \] Country Zip 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BONILLA COMMUNICATIONS HANDIN, GARYI Street Address (P.O. Box Number is Not Acceptable) 82 4597 N UNIVERSITY DR LAUDERFILL FL 33351 83 84 33040 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 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. NATURE: Signature, typed or printed name of registered agent and take if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE ☐ Change ☐ Addition 1.1 TITLE BONILLA, CARL L CR2E034 NAME 1.2 NAME 7654 NW 88TH WAY STREET ADDRESS 1.3 STREET ADDRESS TAMARAC FL 33321 1.4 CITY-ST-ZIP OTY-ST-7P DELETE Change ☐ Addition 2.1 TITLE SCHULTZ, SEANA F NAME 7654 NW 88TH WAY 2.3 STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 24 CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change DELETE 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 600001795546 -04726/96--01019--024^{Change} 3 4 CITY - ST- ZIP CITY-ST-ZIP DELETE 4 1 THILE TITLE ***200.00 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-\$T-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY+ST-ZIP CITY-ST-ZIP Addition □ DELETÉ 6 1 THTLE THILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CHTY-S1-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarly 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.

MM I. STIME - CARE L. BINJUA

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