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

PROFIT LLORIDA DEPARTMENT OF STATE **CORPORATION** FILED Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 MAY 19 PM 3: 12 DOCUMENT # P94000076184 (8) SECRETARY OF STATE
TALLAHASSEE, FLORIDA BON ACQUISITION, INC. Principal Place of Business Mailing Address 12000 BISCAYNE BLVD 12000 BISCAYNE BLVD PENTHOUSE 810 PENTHOUSE 810 MIAMI FL 33181 MIAMI FL 33181 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/17/1994</u> 2. Principal Place of Business 2a. Mailing Address Applied For 65-0532114 Not Applicable Suite. Apt #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country $Z_{(0)}$ 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name IRELAND, R SCOTT 12000 BISCAYNE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **PENTHOUSE 810** 83 MIAMI FL 33181 84 City 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. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NCITE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agout and the if applicable DATE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE TITLE 11 THLE IRELAND, R SCOTT 12 NAME -06/05/98--01062--001 12000 BISCAYNE BLVD PENTHOUSE 810 STREET ADDRESS 1.3 STREET ADDRESS ***5550.00 ****150.00 MIAMI FL 33181 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE IRELAND, LOU NAME 2.2 NAME 12000 BISCAYNE BLVD STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33181** CITY-ST-ZIP 2.4 CH1Y - ST - ZIP DELETE TITLE Change Addition 3.17014 NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE THILE ___ Addition 4.1 TITLE Change NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS

14. Thereby 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 this receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Attachment with an address

CITY-ST-ZIP

STREET ADDRESS

CITY-SI-ZIP

TITLE

NAME

5.3 \$1REE1 ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5 4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DLLETE

☐ Change

Addition