FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000016502 (3)**

1. Corporation Name

BONACAL CORP.

Principal Place of Business	Mailing Address
645 NE 205TH TERRACE. #102 N. MIAMI BEACH FL 33179	645 NE 205TH TERRACE. #102 N. MIAMI BEACH FL 33179

3. Date Incorporated or Qualified: 02/27/1995
3a. Date of Last Report: NA
4. FEI Number: 65-0559858 (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

	Principal Place of Business	Mailing Address
Street Address	21 1441 N.W. 187th AVE.	26 1441 N.W. 187th AVE.
Suite, Apt. #, etc.	22 SUITE #102	27 SUITE #102
City & State	23 PEMBROKE PINES, FL.	28 PEMBROKE PINES, FL.
Zip / County	24 33029 / 25 U.S.A.	29 33029 / 30 U.S.A.

9. Name and Address of Current Registered Agent

LEIVA, JOSE A
645 NE 205TH TERRACE, #102
N. MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name: NA
82 Street Address (P.O. Box Number is Not Acceptable): 1441 N.W. 187th AVENUE
83 SUITE #102
84 City: PEMBROKE PINES FL 85 Zip Code: 33029

11. Pursuant to the provisions of Section 607.0505 and/or 1605, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	11 TITLE ☐ Change ☐ Addition
NAME	LEIVA, JOSE A		12 NAME
STREET ADDRESS	645 NE 205TH TERRACE, #102		13 STREET ADDRESS
CITY-ST-ZIP	N. MIAMI BEACH FL 33179		14 CITY ST ZIP
TITLE	DST	☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME	LEIVA, JEANNE A		22 NAME
STREET ADDRESS	645 NE 205TH TERRACE, #102		23 STREET ADDRESS
CITY-ST-ZIP	N. MIAMI BEACH FL 33179		24 CITY ST ZIP
TITLE		☐ DELETE	31 TITLE ☐ Change ☐ Addition
NAME			32 NAME
STREET ADDRESS			33 STREET ADDRESS
CITY-ST-ZIP			34 CITY ST ZIP
TITLE		☐ DELETE	41 TITLE ☐ Change ☐ Addition
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY-ST-ZIP			44 CITY ST ZIP
TITLE		☐ DELETE	51 TITLE ☐ Change ☐ Addition
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY ST ZIP
TITLE		☐ DELETE	61 TITLE ☐ Change ☐ Addition
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is true, complete and accurate. I am aware that any false information submitted in a document to the Department of State for filing is a third degree felony as provided for in Section 817.155, 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, added or deleted.

SIGNATURE: _____ 4-24-96 (305) 716-8212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)