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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90028 028 ***150.00

DOCUMENT # P95000016502 1. Corporation Name

BONACAL CORP.

Principal Pisco 1441 NW 187TH -SUITE #192- PEMBROKE FIN US	1 AVE	Mailing Address 1441 NW 187TH AVE SUITE #162 PEMBROKE FL 33029 US		DO NOT WRITE IN THIS 3. Date to exporated or Qualifed 02/27/1995	
.2. Principal P	lace of Business Se remove Suite 102	2a. Mailing Address 26 Please remove	Suite#102	4. FEI Number 65-0559858	Appl ed For Not Applicable
Suite, Art.		Suite, Apt. #, etc.	,	5. Certifcate of Status Desired	\$8.75 Acditional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing Trust F and Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29 3	Country 30	This corporation owes the current year Int Personal Property Tax.	☐ Yes YOU
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registere I	Agent
144* PEM	A, JOSE A I N.W. 187TH AVENUE E #102 BROKE FL 33029 to the provisions of Sections 607.050: registered agent, or both, in the State on familiar with, and accept the obligate	or Florida. Such change was સામ	83 84 City s, the above-named corp thorized by the corporation	ress (P.O. Box Number is Not Acceptable) LEC YE WOVE Suite H FL poration submits this statement for the purpose of one should be proposed to be appointed to the submits the statement of the purpose of the submits board of cirectors. I hereby accept the appoints the submits the statement of the purpose of the submits the statement of the purpose of the submits the statement of the purpose of the submits the statement of the submits the submits the statement of the submits the sub	85 Zip Code
SIGNATURE	Signature, typed or printed na ne of registered agent	it and title if applicable. (NOTrill)	Registered Agent signature require		
12.		DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS (M	ID DIRECTOF:S IN 12 ☐ Change ☐ Addition
NAME STREET ADORE 3S	DP LEIVA, JOSE A 1441 NW 187TH AVE PEMBROKE PINES FL 33029	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Citalige [] Addition
CITY-ST-ZIP TITLE NAME	DST LEIVA, JEANNE A	☐ DELETE	2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	AAAA BRALAOTTII AVE		2.3 STREET ADDRESS		
TITLE NAME STREET ADDRESS		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE		☐ DELETE	34. CITY-ST-ZIP 41 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	_	
TITLE NAME STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition

CITY-ST-ZIP 14. I heretly certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(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 the my name appears in Block 12 or Block 13 if changed, or in an attachment with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CR2E034 (11/98)