

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

DOCUMENT # P95000041840

1. Corporation Name
BONAFIDE MANAGEMENT GROUP, INC.

Principal Place of Business

2050 CORAL WAY
SUITE #515
MIAMI FL 33145
US

Mailing Address

2050 CORAL WAY
SUITE #515
MIAMI FL 33145
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

RUSSI, RICARDO
1513 W. 42ND PLACE
HIALEAH FL 33012

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
RUSSI, RICARDO
1513 W. 42ND PLACE
HIALEAH FL 33012

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S/T/D 1.2 NAME Russi, Ricardo 1.3 STREET ADDRESS 1513 West 42nd Place 1.4 CITY-ST-ZIP Hialeah, FL 33012

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP

10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP

11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP

12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP

13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP

14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY-ST-ZIP

15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY-ST-ZIP

16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY-ST-ZIP

17.1 TITLE 17.2 NAME 17.3 STREET ADDRESS 17.4 CITY-ST-ZIP

18.1 TITLE 18.2 NAME 18.3 STREET ADDRESS 18.4 CITY-ST-ZIP

19.1 TITLE 19.2 NAME 19.3 STREET ADDRESS 19.4 CITY-ST-ZIP

20.1 TITLE 20.2 NAME 20.3 STREET ADDRESS 20.4 CITY-ST-ZIP

21.1 TITLE 21.2 NAME 21.3 STREET ADDRESS 21.4 CITY-ST-ZIP

22.1 TITLE 22.2 NAME 22.3 STREET ADDRESS 22.4 CITY-ST-ZIP

23.1 TITLE 23.2 NAME 23.3 STREET ADDRESS 23.4 CITY-ST-ZIP

24.1 TITLE 24.2 NAME 24.3 STREET ADDRESS 24.4 CITY-ST-ZIP

25.1 TITLE 25.2 NAME 25.3 STREET ADDRESS 25.4 CITY-ST-ZIP

26.1 TITLE 26.2 NAME 26.3 STREET ADDRESS 26.4 CITY-ST-ZIP

27.1 TITLE 27.2 NAME 27.3 STREET ADDRESS 27.4 CITY-ST-ZIP

28.1 TITLE 28.2 NAME 28.3 STREET ADDRESS 28.4 CITY-ST-ZIP

29.1 TITLE 29.2 NAME 29.3 STREET ADDRESS 29.4 CITY-ST-ZIP

30.1 TITLE 30.2 NAME 30.3 STREET ADDRESS 30.4 CITY-ST-ZIP

31.1 TITLE 31.2 NAME 31.3 STREET ADDRESS 31.4 CITY-ST-ZIP

32.1 TITLE 32.2 NAME 32.3 STREET ADDRESS 32.4 CITY-ST-ZIP

33.1 TITLE 33.2 NAME 33.3 STREET ADDRESS 33.4 CITY-ST-ZIP

34.1 TITLE 34.2 NAME 34.3 STREET ADDRESS 34.4 CITY-ST-ZIP

35.1 TITLE 35.2 NAME 35.3 STREET ADDRESS 35.4 CITY-ST-ZIP

36.1 TITLE 36.2 NAME 36.3 STREET ADDRESS 36.4 CITY-ST-ZIP

37.1 TITLE 37.2 NAME 37.3 STREET ADDRESS 37.4 CITY-ST-ZIP

38.1 TITLE 38.2 NAME 38.3 STREET ADDRESS 38.4 CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Russi, Ricardo 4/14/99 305-857-9777

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04-21-1999 90003 039 ***150.00

99 NOV -4 PM 2:44



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1995

4. FEI Number

65-0596651

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fees Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year intangible

☐

Personal Property Tax

☐ Yes ☒ No

10. Name and Address of New Registered Agent

CP25034 (11/88)

Bonafide Management Group, Inc.

REALTORS

A Registered Community Association Management Company

2050 Coral Way
Suite #515
Miami, Florida 33145
Tel.: (305) 857-9777, Fax: (305) 857-9677
e-mail: BMG@Miami-Realtors.com

October 28, 1999

Ms Pat Bailly
Division of Corporations
Fl. Department of State
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Document #P95000041840

Dear Ms. Bailly:

This letter is to request that my corporation be reinstated and to explain the circumstances leading to the dissolution.


On 4/14/99, I mailed you check #1342 in the amount of \$150.00 to pay for the 1999 corporate report. Unfortunately, the deposit to cover this check was not properly credited by my bank. (please see attached apology letter) When I was notified that the check was returned, the check had already been presented twice and a replacement check was necessary. On 6/8/99, I wrote check #1370 in the amount of \$165.00 and gave it to my secretary to obtain a cashier's check and mail it to you.

Unfortunately, I received a dissolution notice on 8/9/99. After calling your office, it was evident that you never received my replacement cashier's check or it was never mailed out by my secretary whose employment was terminated on 6/11/99.

Please accept this request and reinstate my corporation. I have enclosed a cashier's check for \$165.00 in the hope that considering the circumstances I will not be charged \$750.00 which will create a financial hardship for me.

If I can be of any further assistance, please call me at 305-857-9777.

Sincerely,



Ricardo Russi
President



"WE MANAGE TO KEEP YOU SATISFIED" SM



NationsBank, N.A.
Hialeah Miami Springs
101 East Hialeah Drive
Miami, FL 33010
Tel

Tel 305 883-2425
Fax 305 883-2448

NationsBank

September 24, 1999

Bonafide Management Group, Inc.
2050 Coral Way, Suite 515
Miami, Florida 33145

Re: Account # 3660214795

Gentlemen:

We apologize for returning the following check:

| | |
|----------------|---------------------------------|
| Customer Name: | Bonafide Management Group, Inc. |
| Check #: | 1342 (dated 4/14/99) |
| Amount: | \$ 150.00 |
| Payee: | Department of State |

We should have honored this check but refused payment by mistake on two different occasions, (4/27/99 & 4/29/99). A deposit to the account did not properly register thereby causing for this error to occur.

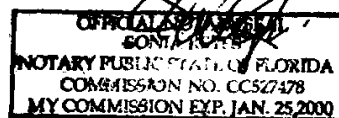
Please accept our sincere apologies for this error and any inconvenience it may have caused you. Of course, we are crediting your account for any returned check fee.

If you need to discuss this matter further, please call me directly.

Sincerely,



Rosie Acosta
Personal Banker



Member FDIC.
Credit subject to credit approval.



Official Sponsor
1998-2004

 Equal Housing Lender

Member FDIC