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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000062783 (2)

BONI'S COFFEE SHOP, INC.				# 1 A B		
Principal Place of Business Mailing Addre				··· <u></u> -	-	18110 B1116 11811 18681 1618 B1 1111 1881
16155 S.W. 117TH AVE. 16155 S.W. 117TH AVE.						
#B-8		#B-8		DO NOT WRITE IN	THIS SDACE	
Miami FL 331 US	111	MIAMI FL 33187		3. Date Incorporated or Qualified	THIS GI ACE	
1					08/15/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0601578	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip Country		Zip Country		, 	Added to Fees	
24 33/77-/6/6 25		29 33:77-16/6 30		 This corporation owes or has paid the Personal Property Tax due June 30 	·	
24,00	9. Name and Address of Current		<u> </u>		10. Name and Address of New Regis	·
BERNARD, ANTHONY				Name		
	201 S.W. 95TH AVE.		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	IITE 109			Q00001719B10	iss (
MI	AMI FL 33157		83			
			84	City		85 Zip Code
				-		FL T T
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: typod or printed name of registered agent and title ill applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12,	Signature, typod or printed name of registered ager OFFICERS AND		13.	nt signature require	ADDITIONS/CHANGES TO OFFICER	DATE IS AND DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 TITLE			Change Addition
NAME	GUENECHEA, BONIFACIO		1.2 NAME			
STREET ADDRESS	15501 S.W.86TH AVE.		1.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		1.4 CITY-S	T-ZIP		
TITLE		DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2. 4 CITY - 9	IT-ZIP		
TITLE	☐ DELETE 3.1 T		3.1 TITLE			Change Addition
NAME	3.2		3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP		DELETE	3.4. CITY - S 4.1 TITLE	ST-ZIP		Change Addition
TITLE NAME * ^	=		4.1 HILE 4.2 NAME			El custida El vadillos
STREET ADDRESS			4.2 NAME	ADDRECC		
CITY-ST-ZIP				ľ		
TITLE		☐ DELETE	4.4 CITY - ST 5.1 TITLE	1-2IF		Change Addition
NAME		_	5.2 NAME			_ ,
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 City-S	T-ZIP		
14. I hereby c	ertify that the information supplied wit on this annual report or supplemental	h this filing does not qualify for	the exempt	tion stated in S	Section 119.07(3)(i), Florida Statutes. I furt	her certify that the information
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 the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.						

SIGNATURE & Mylan Mencellea

3/20/98 305.252-6669

FILED

Mar 25 1998 8:00am

Secretary of State