

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

FILED  
May 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000023928 (9)

1. Corporation Name  
BONILLA FUNDING CORPORATION

Principal Place of Business

7600 NW 5TH ST  
APT 2H  
PLANTATION FL 33324

Mailing Address

7600 NW 5TH ST  
APT 2H  
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1997

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fees Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 12261 NW 29th St.

Sunrise FL 33323

26 12261 NW 29th St.

Sunrise FL 33323

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

Sunrise, FL

27 City & State

Sunrise, FL

23 Zip 33323

Country

US

28 Zip 33323

Country

US

9. Name and Address of Current Registered Agent

BONILLA, ALY  
7600 NW 5TH ST  
APT 2H  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name Bonilla, Alyosha  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 12261 NW 29th St.  
84 City Sunrise FL 85 Zip Code 33323

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 D  
NAME BONILLA, ALY  
STREET ADDRESS 7600 NW 5TH ST APT 2H  
CITY-ST-ZIP PLANTATION FL 33324

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Bonilla, Alyosha  
1.3 STREET ADDRESS 12261 NW 29th St.  
1.4 CITY-ST-ZIP Sunrise, FL 33323

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I hereby 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 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, or on an attachment with an address.

SIGNATURE: Alyosha Bonilla Alyosha Bonilla 4/29/98 (954) 974-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0296100

CR2E034 (1097)