05-06-1999 90094 026 ***150.00

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 # P97000051016

1. Corporation Name

RANCH	O BONAO, INC.						LANGUAGO NA GRUGA BARKA BARKA BARKA BARKA				
<u> </u>											
Principal Place of Business Mailing Address										,	
17050 SW 160 Miami FL 3317	ITH ST KENDA		V 62ND ST								
MIAMI FL 33173 MIAMI FL 33173 US							DO NOT WRITE IN	THIS S	SPACE	F	
							3. Date Incorporated or Qualifed	11110	1 701		
							06/10/1997				
2. Principal F	Place of Business	2a, Maili	ng Address	••••	_		4. FEI Number		\neg	Apr	ofied For
21		26	_				65-0770382		-	+ · ·	Applicable
Suite, Apt	. #, etc.		, Apt. #, etc.						\$8.		dditional
22		27					5. Certifcate of Status Desired		,	ee Red	
City & Sta	te	City	& State				6. Election Campaign Financing		\$5	.00	May Be
23		28	28				Trust Fund Contribution				Fees
Zíp	Country	Zip	Zip Cou				8. This corporation owes the current year	ar Intar	ngible		
24	25	29		30			Personal Property Tax.		☐ Yes	š	⊮ No
	9. Name and Address of Cur	rent Registered	Agent				10. Name and Address of New Registe	ered A	gent		
DUG	SSO, L			8	1	Name					
				8	2	Street Addre	ess (P.O. Box Number is Not Acceptable)				
10611 SW 62ND ST					\perp						
MIAI	MI FL 33173			8	3						
				8	4	City		FL	85	Zip C	ode
44 Pursuant	to the provisions of Sections 607.0	1502 and 607 150	Ne Elorida Statut	es the abo		-named corno	pration submits this statement for the purpos			na ita i	ragistared
office or i	registered agent, or both, in the Sta am familiar with, and accept the obt	ite of Florida. Sui	ch change was a	uthorized b	y t	the corporation	n's board of directors. I hereby accept the a	appoint	ment :	as reg	istered
SIGNATURE											
40	Signature, typed or printed name of registered				ent	t signature required					
12. TITLE	D	AND DIRECTOR	DELETE	13.			ADDITIONS/CHANGES TO OFFICER		DIRE		RS IN 12
	HERNANDEZ, BENIGNO								CIR	nige	L) Addition
NAME	1			1.2 NAME							
STREET ADDRESS	10611 SW 62ND ST MIAMI FL 33173			1		ADDRESS					
CITY-ST-ZIP	MIMMI PL 33173	·	☐ DELETE	1.4 CITY-		-ZIP					■ A A A(A) ■ B A A(A) ■ B A A(A) ■ B B B B B B B B B B B B B B B B B
TITLE			☐ DELE IE	2.1 TITLE					☐ Cha	inge	☐ Addition
NAME				2.2 NAME							
STREET ADDRESS		•				ADDRESS					
CITY-ST-ZIP			Chelere	2. 4 CITY		r-zip					
TITLE			☐ DELETE	3.1 TITLE				I	Cha	inge	☐ Addition
NAME				3.2 NAME							
STREET ADDRESS				3.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP				3.4. CITY-		-ZIP					
TITLE			☐ DELETE	4.1 TITLE				Į	Cha	inge	☐ Addition
NAME		• •	-	4. 2 NAM	E						
STREET ADDRESS				4.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP				4.4 CITY-		- ZIP					
TITLE .			☐ DELETE	5.1 TITLE				[Cha	nge	☐ Addition
NAME				5.2 NAME							
STREET ADDRESS				5.3 STRE	ET A	ADDRESS .					
CITY-ST-ZIP				5.4 CITY-		-ZIP					·
TITLE			☐ DELETE	6.1 TITLE				(Cha	nge	☐ Addition
NAME				6.2 NAME							
STREET ADDRESS	1			E 63 STDE	T A	ANNDESS					

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)