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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000084227 (2) DOCUMENT # 1. Corporation Name

BONA TECHNOLOGY, INC.

Principal Place of Business 790 SAN REMO DRIVE

FILED Jan 29 1998 8:00am Secretary of State



790 SAN REMO DRIVE WESTON FL 33326 WESTON FL 33326 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/30/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0789163 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. X Yes 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name XIQUES, ALBERT J ESQ 1000 BRICKELL AVENUE SUITE 660 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 84 Zip Code City 85 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1,1 TITLE DIRECTOR PRESIDENT Change TITLE HENRIQUE M.F. BOMBONATO 790 SAN REMO DRIVE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS FL. 33326 WESTON . CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2,2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-2IP Addition DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-2IP DELETE 4.1 TITLE Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP Addition DELETE Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP

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 agricus.

SIGNATURE:

SIGHTURE REQUIRED

954-385-9680

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