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 # P9800003601

1. Corporation Name

BON BRIL, INC.

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90001 042 ***150.00



Principal Place of Business	Mailing Address				
2925 AVENTURA BOULEVARD 2925 AVENTURA BOULEVARD					
SUITE 308 SUITE 308			DO NOT WRITE IN THIS SPACE		
AVENTURA FL 33180 AVENTURA FL 33180			3. Date Incorporated or Qualifed		
			01/13/1998		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	An	plied For
21 ZZOINW 10Z Place	26 2701 NW	102 Place	65-0815754	<u> </u>	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	ioc ince		\$8.75	
22 # 2			5. Certifcate of Status Desired	Fêe Re	
City & State City & State			6. Election Campaign Financing	\$5.00	Mav Be
23 MIAMI 28 MIAMI			Trust Fund Contribution	Added	-
Zip Country	Zip	Country	8. This corporation owes the current year In	tangible	
24 33172 25 USA	29 33177 30	IUSA	Personal Property Tax.	Yes	□No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent	
	81 Name				
ROSEN, LAWRENCE N		82 Street Address (P.O. Box Number is Not Acceptable)			
2925 AVENTURA BOULEVARD		Jucci Addi			
SUITE 308		83			
AVENTURA FL 33180		B4 City		85 Zip	Code
			Fl	-	
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corp	oration submits this statement for the purpose o	changing its	registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	of Florida. Such change was allin	orized by the comoratio	on's poard of directors. I nereby accept the appo	mmem as re	gistered
1					
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re-	gistered Agent signature required			
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12 Addition
TILE P/D	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME OSCAT Aquero	a ا	1.2 NAME			
STREET ADDRESS 4350 NW 102 P	L#2	1.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI, FL 33172		1.4 CITY-ST-ZIP			
TILE VICEPresident	☐ DELETE	2.1 TVTLE		Change	☐ Addition
NAME Maria Cristina	Jaramillo	2.2 NAME			
STREET ADDRESS 2201 NW 102 PL	_ #2	2.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI, FL 331		2.4 CITY-ST-ZIP			TT a database .
TILE VICE President	DELETE DELETE	3.1 TITLE		Change	Addition:
NAME Lawrence N. Ro	sen	3.2 NAME			
STREET ADDRESS 1201 NW 107 PL F	52	3.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI, FL 3317	ــــــــــــــــــــــــــــــــــــــ	3.4. CITY-ST-ZIP			
TITLE Secretary	☐ DELETE	4.1 TITLE		Change	Addition
NAME Andres Mólino)	4. 2 NAME			
STREET ADDRESS 2201 NW 102 PL	×2	4.3 STREET ADDRESS			}
CITY-ST-ZIP MIAMI, FL 33172	<u></u>	4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TTTLE		Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		i i			
CITY-ST-ZIP		5.3 STREET ADDRESS			Ì
	<u> </u>	5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change	☐ Addition
NAME	☐ DELETE	5.4 CITY-ST-ZIP		Change	Addition
	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		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, with all other like empowered.

SIGNATURE: