

FILED

Jun 16, 1999 8:00 am  
Secretary of State

06-16-1999 90011 020 \*\*\*550.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # **P98000076499**1. Corporation Name  
**BONET INC.**

Principal Place of Business

**2753 S.W. 11TH STREET**  
**MIAMI FL 33135**

Mailing Address

**2753 S.W. 11TH STREET**  
**MIAMI FL 33135**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/31/1998**

4. FEI Number

**05-0874781**

Applied For

☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City &amp; State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**BONET, MARYEL**  
**2753 S.W. 11TH STREET**  
**MIAMI FL 33135**

10. Name and Address of New Registered Agent

81

Name

**LUGONES, MARYEL**

82

Street Address (P.O. Box Number is Not Acceptable)

**2753 SW 11 ST**

83

84

City

**MIAMI****FL**

85

Zip Code

**33135**

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 and printed name of Registered Agent and, if applicable,

(NOTE: Registered Agent signature required when re-registering)

DATE

**01/08/98**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME **D**  
**BONET, MARYEL**  
STREET ADDRESS **2753 S.W. 11TH STREET**  
CITY-ST-ZIP **MIAMI FL 33135**TITLE ☒ DELETENAME **D**  
**BONET, YANEL**  
STREET ADDRESS **2753 S.W. 11TH STREET**  
CITY-ST-ZIP **MIAMI FL 33135**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition1.2 NAME **D**  
**LUGONES, MARYEL**  
1.3 STREET ADDRESS **2753 SW 11 ST**  
1.4 CITY-ST-ZIP **MIAMI, FL 33135**2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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 endorsement with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/08/99****(305) 649-6877**

Date

Daytime Phone #