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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90156 014 ***300.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S45030

1. Corporation Name
BONNIN ASHLEY WHOLESALE, INC.

Principal Place of Business
7194 S.W. 47TH STREET
MIAMI FL 33155

Mailing Address
4600 SW 71 AVE
MIAMI FL 33155
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/10/1991

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 4600 SW 71 AVE
Suite, Apt. #, etc.

22 City & State FL
MIAMI DADE

23 Zip Country
33155-4600

24

2a. Mailing Address
26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

FLICK, MICHAEL B.
7194 S.W. 47TH STREET
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name (same)
82 Street Address (P.O. Box Number is Not Acceptable)
4600 SW 71 AVE.
83
84 City MIAMI FL 85 Zip Code 33155-4600

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 FLICK, MICHAEL B.
STREET ADDRESS 7194 S.W. 47TH STREET
CITY-ST-ZIP MIAMI FL

TITLE D
NAME FLICK, SORNE BOLOIX
STREET ADDRESS 7194 S.W. 47TH STREET
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE (same)
1.2 NAME
1.3 STREET ADDRESS 4600 SW 71 AVE
1.4 CITY-ST-ZIP MIAMI, FL 33155-4600

2.1 TITLE (same)
2.2 NAME
2.3 STREET ADDRESS 4600 SW 71 AVE
2.4 CITY-ST-ZIP MIAMI, FL 33155-4600

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

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

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

6.1 TITLE
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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(MICHAEL B. FLICK) (305) 666-7709

Date

Daytime Phone #

CR2E034 (11/98)