FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** FLORIDA DEPARTMENT OF STATE Jan 28 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** S79474 (0)BONNIE'S HIALEAH INC. Principal Place of Business Mailing Address 5421 SW 39TH AVE D/B/A BONITAS HALLMARK 1635 W 49TH ST FT LAUDERDALE FL 33312 DO NOT WRITE IN THIS SPACE HIALEAH FL 33012 3. Date Incorporated or Qualified 09/10/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0285070 21 26 Not Applicable Suite, Apt. #, etc. Suite, Ant. #, 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 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SPINA, DANIEL C. 713 SOUTHWEST 2ND COURT Street Address (P.O. Box Number is Not Acceptable) HALLANDALE FL 33009 83 Zip Code 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ☐ Addition TITLE 1.1 TITLE SPINA, DANIEL C. NAME 1.2 NAME 713 SOUTHWEST 2ND COURT STREET ADDRESS 1.3 STREET ADDRESS HALLANDALE FL 1.4 CITY - ST - ZIP CITY - ST - ZIP ■ DELETE 2.1 TITLE Change Addition TITLE SPINA, DANIEL C. 2.2 NAME NAME 713 SOUTHWEST 2ND COURT 2.3 STREET ADDRESS STREET ADDRESS HALLANDALE FL 2. 4 CITY - ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this arrival 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 affactment with an address. MED

6 1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE NAME

STREET ADDRESS

Change

Addition