		IS \$550.00	_ FILE	ED .
PROFIT CORPORATION ANNUAL REPORT 1999	Kathe Secre	PARTMENT OF STATE erine Marris stary of State of CORPORATIONS	Feb 24, 199 Secretary	9 8:00 am
DOCUMENT # \$7947  1. Corporation Name BONNIE'S HIALEAH INC.  Principal Place of Business	Mailing Address			
D/B/A BONITAS HALLMARK 5421 SW 39TH AVE 1835 W 49TH ST FT LAUDERDALE FL 33312 HALEAH FL 33012 US		312	DO NOT WRITE IN TH	IS SPACE
us	·		3. Date Incorporated or Qualifed	
		<u>.</u>	09/10/1991	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 65-0285070	Applied For Not Applicable
Suite, Apt. #, etc.	26   Sulte, Apt. #, etc.	<u></u> .	Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		8. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 4 25	Zip 20	Country 30	This corporation owes the current year     Personal Property Tax.	∐Yes □No
9. Name and Address of Cur	rrent Registered Agent	81 Name	10. Name and Address of New Registers	d Agent
SPINA, DANIEL C.	Cun	B2 Syest Adds	ress (P.O. Box Number is Not Acceptable)	
HALLANDALC.CL GGGGG.	5421 S.W.3 Find and seadows	ht		
HALLANDALE FLOROSO	Fr. Laudeedak	6, A 13		85 Zip Code
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent. I am familiar with, and accept the obline	Fr. LAULEEDANA 33312	3 84 City	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent, I am familiar with, and accept the oblining the section of the sectio	0502 and 607.1508, Florida Statate of Florida. Such change was higations of, Section 607.0505, F	B4 City  B4 City  Statutes, the above-named corporate Floride Statutes.  DTE Registered Apent signature records	on's board of directors. I hereby accept the applied when reinstaling)  DATE	of changing its registered continent as registered
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent. I am familiar with, and accept the obl	0502 and 607.1508, Fioride State of Floride. Such change was ligations of, Section 607.0505, F	B4 City  B4 City  B4 City  B4 City  B4 City  B4 City  B5 B4 City  B5 B4 City  B5 B	on's board of directors. I hereby accept the app	of changing its registered continent as registered
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent, I am familiar with, and accept the obl.  SIGNATURE  Bignature, typed or printed name of registered.  12. OFFICERS  TITLE  PST  SPRA, DANIEL C.  -113. SOUTHWEST 2ND COU	Court and Size II applicable  DELETE  542/5-4	B4 City  B4 City  B4 City  B4 City  B4 City  B4 City  B5 B4 City  B5 B4 City  B5 B	on's board of directors. I hereby accept the applied when reinstaling)  DATE	of changing its registered wintment as registered AND DIRECTORS IN 12
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent. I am familiar with, and accept the oblining signature. Signature typed or printed name of registered 12.  PST OFFICERS TITLE PST SPRIA, DANIEL C. 713 SOUTHWEST END COUNTY-ST-ZP HALLANDALE FR.	0502 and 607.1508. Floride State at e of Floride. Such change was digations of, Section 607.0505. Figure and 656 H applicable. IMO DIRECTORS  #### DELETE  #################################	B3  B4 City  B4 City  B4 City  B4 City  B4 City  B5 authorized by the corporation  B1 B2 B3 B4 City  B4 City  B5 B	on's board of directors. I hereby accept the applied when reinstaling)  DATE	of changing its registered wintment as registered AND DIRECTORS IN 12
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent. I am familier with, and accept the oblining signature.  SIGNATURE  Signature. hyper or printed name of registered.  12. OFFICERS  TITLE  PST  SPRA, DANIEL C.  713 SOUTHWEST END COUNTY.ST. 20  HALLANDALE FL.  TITLE  THE STREET ADDRESS  CHY-ST-ZP  HALLANDALE FL.	0502 and 607.1508, Flore State at the of Florida. Such change was digations of, Section 607.0505, Florent and 656 N applicable INO AND DIRECTORS  DELETE  35 AVA  DELETE	B3 B4 City  B4 City  B4 City  B4 City  B4 City  B5 Statutes  B7 Registered by the corporation  B7 Registered Apent signature recurs  13.  11 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 City-S1-ZP  2.1 TITLE	on's board of directors. I hereby accept the applied when reinstailing)  DATE  ADDITIONS/CHANGES TO OFFICERS.	of changing its registered ointment as registered  AND DIRECTORS IN 12  Change Addition
11. Pursuant to the provisions of Sections 607. Office or registered agent, or both, in the Stagent. I am familier with, and accept the oblining sections for the section of the section o	0502 and 607.1508, Florida Statate of Florida. Such change was ligations of, Section 607.0505, Florida Statate of Florida. Such change was ligations of, Section 607.0505, Florida Statate of Section 607.0505, Florida Statate of Section 607.0505, Florida	B4 City  B5 City  B5 City  B6 City  B7	on's board of directors. I hereby accept the applied when reinstailing)  DATE  ADDITIONS/CHANGES TO OFFICERS.	of changing its registered ointment as registered  AND DIRECTORS IN 12  Change Addition
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CITY-ST-ZIP 14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same logic effect as if made under ceth, that I am an officer or director of the corporation or the recipier 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, often an attributent with an address, with all other like empowered.

SIGNATURE:

4.4 CITY-ST-ZIP

**5.3 STREET ADDRESS** 

63 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

51 TITLE

52 NAME

8.1 TITLE

62 NAME

CITY-ST-ZIP

STREET ADORESS

STREET ADDRESS

TITLE

NAME

CTY-81-20

TITLE

NAME

BONNIG OFFICER OR DIRECTOR

DELETE

DELÉTE

Change

Change

☐ Addition

Addition