

FILED

Aug 05 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # S89973**  
1. Corporation Name

(9)

**BONAIRE SUNSET TRAVEL, INC.**

Principal Place of Business	Mailing Address
13876 SW 56TH ST. P. O. BOX 188 MIAMI FL 33175	13876 SW 56TH ST. P. O. BOX 188 MIAMI FL 33175

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>26</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>22</b>		<b>27</b>	
City & State		City & State	
<b>23</b>		<b>28</b>	
Zip	Country	Zip	Country
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 10/25/1991	
4. FEI Number 65-0294333	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
TOBER, JOHN E., ESQUIRE 7015 SW 138TH CT. MIAMI FL 33183	81 Name HU
	82 Street Address 1717
	83
	84 City MIAM

10. Name and Address of New Registered Agent

GO GERHARTS  
P.O. Box Number is Not Acceptable  
NORTH BAYSHORE DR N° 2156  
FL 33152

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	13.	
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	DIR GET 17 MI
NAME	GERHARTS, HUGO		1.2 NAME	
STREET ADDRESS	14020 S.W. 40TH LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	GERHARTS, DESIREE N		2.2 NAME	
STREET ADDRESS	14020 S.W. 40TH LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE			3.1 TITLE	
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE			4.1 TITLE	
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE			5.1 TITLE	
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE			6.1 TITLE	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

Information supplied with this filing does not qualify for the exemption stated in s...

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>ECTOR + PRESIDENT</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>RHARTS, HUGO</b>		
<b>17 NORTH BAYSHORE DR #2156</b>		
<b>AM), FLORIDA 33152</b>		

**Change**      **Addition**

**Change**      **Addition**

**Change**      **Addition**

**Change**      **Addition**

**Change**      **Addition**

I further certify that the information made under oath; that I am

NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

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 of the annual report or on an attachment with an address.

*DESIREE GERHARTS* **9/23/98** **305-2256**  
Date Daytime Phone #

with an address.

**DESIRE GERHARTS**

7/23/98  
Date

305-225 0572  
Daytime Phone #

22E034 (5/98)