FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DOCUMENT # **V33324** (7)

1. Corporation Name
~~BONNESTAR COLONIAL PLACE, CORP.~~

Principal Place of Business	Mailing Address
~~701 BRICKELL AVE~~ ~~STE 1600~~ ~~MIAMI FL 33131~~ ~~US~~	~~701 BRICKELL AVE~~ ~~STE 1600~~ ~~MIAMI FL 33131~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1992
3a. Date of Last Report: 05/11/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 6001 Broken Sound Parkway NW. Suite 408	Suite, Apt. #, etc. 6001 Broken Sound Parkway NW. Suite 408
22	27
City & State Boca Raton FL 33487	City & State Boca Raton FL 33487
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

4. FEI Number: 65-0329449 ☐ Applied For ☐ Not Applicable

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

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

8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BELLESTAR MANAGEMENT CORP.
6001 BROKEN SOUND PARKWAY, N.W., SUITE 408
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~S~~	11 TITLE	☐ Change ☐ Addition
NAME	~~HUDSON, ROBERT F. JR.~~	12 NAME	
STREET ADDRESS	~~701 BRICKELL AVE, STE 1600~~	13 STREET ADDRESS	
CITY ST ZIP	~~MIAMI FL~~	14 CITY ST ZIP	
TITLE	~~AS~~	21 TITLE	☐ Change ☐ Addition
NAME	~~BARRETT, JAMES H.~~	22 NAME	
STREET ADDRESS	~~701 BRICKELL AVE, STE 1600~~	23 STREET ADDRESS	
CITY ST ZIP	~~MIAMI FL~~	24 CITY ST ZIP	
TITLE	P.	31 TITLE	☐ Change ☐ Addition
NAME	JEAN BLANCHARD	32 NAME	
STREET ADDRESS	6001 Broken Sound Parkway NW Suite 408	33 STREET ADDRESS	
CITY ST ZIP	Boca Raton FL 33487	34 CITY ST ZIP	
TITLE	V.P	41 TITLE	☐ Change ☐ Addition
NAME	JOSE ANTONIO CARRANZA ALONSO	42 NAME	
STREET ADDRESS	6001 Broken Sound Parkway NW Suite 408	43 STREET ADDRESS	
CITY ST ZIP	Boca Raton FL 33487	44 CITY ST ZIP	
TITLE	S.	51 TITLE	☐ Change ☐ Addition
NAME	JOSEPH LAVALLE	52 NAME	
STREET ADDRESS	6001 Broken Sound Parkway NW Suite 408	53 STREET ADDRESS	5/1/95 LB
CITY ST ZIP	Boca Raton FL 33487	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 4-17-95 (407) 994-1994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0129439 CP