SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:18

DOCUMENT # **V72474** **(2)**

1. Corporation Name

BONET & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1808 SW 2ND COURT MIAMI FL 33129 US	1808 SW 2ND COURT MIAMI FL 33129 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/20/1992**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **65-0363334** ☐ Applied For ☐ Not Applicable

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

6. [illegible] ☐ **$5.00** May Be Added to Fees

9. This corporation has solely by interstate tax (under s. 190.012 Florida Statutes) ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BONET, ALEJANDRO
18508 S.W. 22ND CT.
MIAMI FL 33129

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 [illegible] DATE

12. OFFICERS AND DIRECTORS		13.	
TITLE	PST	1 TITLE	☐ Change ☐ Addition
NAME	BONET, ALEJANDRO	2 NAME	
STREET ADDRESS	1808 S.W. 2ND CT.	3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	4 CITY ST ZIP	
TITLE	D	7 TITLE	☐ Change ☐ Addition
NAME	BONET, ALEJANDRO	8 NAME	
STREET ADDRESS	1808 S.W. 2ND CT.	9 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	10 CITY ST ZIP	
TITLE		11 TITLE	☐ Change ☐ Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY ST ZIP		14 CITY ST ZIP	
TITLE		15 TITLE	☐ Change ☐ Addition
NAME		16 NAME	
STREET ADDRESS		17 STREET ADDRESS	
CITY ST ZIP		18 CITY ST ZIP	
TITLE		19 TITLE	☐ Change ☐ Addition
NAME		20 NAME	
STREET ADDRESS		21 STREET ADDRESS	
CITY ST ZIP		22 CITY ST ZIP	
TITLE		23 TITLE	☐ Change ☐ Addition
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY ST ZIP		26 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: Alejandro Bonet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Alejandro Bonet

Title [illegible] Date [illegible]

CR2E034 (3/95)

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