

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED AND FILED  
1995 MAY -1 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J00625** (0)  
1. Corporation Name  
**BANAGO, INC.**

Principal Place of Business Mailing Address  
~~1000 N. UNIVERSITY DR.~~ **UNIVERSITY DR.** ~~1000 N. UNIVERSITY DRIVE~~  
P.O. BOX 630352 **PEMBROKE PINES** P.O. BOX 630352 **PEMBROKE PINES**  
N. MIAMI BEACH FL 33163 **FL. 33024** N. MIAMI BEACH FL 33163 **FL. 33024**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/21/1986</b>		3a. Date of Last Report <b>08/16/1994</b>	
21	22	26	27	4. FEI Number <b>59-1657251</b>		Applied For Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24	25	29	30	8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Zip		Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>RIBONNET, ANDRE</b> <del>2140 NE CORNWELL</del> <b>2640 NE 212 TER.</b> <b>N. MIAMI BCH. FL 33180</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			

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 officer 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 his or her address) (NOTE: Registered Agent signature required when necessary) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PST</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIBONNET, ANDRE</b>	1.2 NAME	
STREET ADDRESS	<del>2140 NE CORNWELL</del> <b>2640 NE 212 TER.</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI BEACH FL 33180</b>	1.4 CITY, ST, ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>RIBONNET, ANDRE</del> <b>ALEXANDER POL</b>	2.2 NAME	<b>VICE PRESIDENT</b>
STREET ADDRESS	<del>2140 NE CORNWELL</del> <b>5801 SW 47 ST.</b>	2.3 STREET ADDRESS	<b>POL ALEXANDER</b>
CITY, ST, ZIP	<del>MIAMI BEACH FL</del> <b>MIAMI FL. 33155</b>	2.4 CITY, ST, ZIP	<b>5801 SW. 47 STREET</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	<b>200001492572</b>
CITY, ST, ZIP		4.4 CITY, ST, ZIP	<b>-05/17/95--01181--008</b>
TITLE		5.1 TITLE	<b>***200.00</b> <del>***200.00</del>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>20A</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>5-1-95</b>
CITY, ST, ZIP		6.4 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 110.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ **ANDRE RIBONNET PRESIDENT** **4-28-95** (305) 944-1200 **432-7231**  
Signature typed or printed name of signing officer or director Date (Month/Year)