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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1	99	6	
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	1996	DIVISION OF	CORPORATIONS		
DOCUN 1. Corporation		25 (0)			
BANA	GO, INC.				
					ONI JERGA BIBA ONDA GARAGO DIBA DA
Principal Place	of Business	Mailing Address	_		
1000 N. UNIVERSITY DR. PEMBROKE PINES FL 33024 US 1000 N. UNIVERSITY DR. PEMBROKE PINES FL 3302 US US US		DR.) L 33024)			
		1.0' 180	x 630352 Bek Fl. 33163	02/21/1986	3a. Date of Last Report 05/01/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number 59-1657251	Applied For
21 Suite, Apt. #	etc	Suite, Apt. #, etc.		39-1037231	Not Applicable
22	Suite, Apr. #, etc.		5. Certificate of Status Desired [S8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip		28		Trust Fund Contribution	Added to Fees
	Country	Zιρ	Country	8. This corporation has liability for inta	
24	25 9. Name and Address of Curren	1 Registered Apent	30	Florida Statutes Yes [10. Name and Address of New Reg	
•	9, Haine and Address of Current	r negistered Agent	81 Name	10. Name and Address of New Reg	Instered Agent
RIBONN	IET, ANDRE				
	E. 212 TERRACE		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
N. MIAN	AI BCH. FL 33180		83		
•			84 City		85 Zip Code
					FL
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above-named corpored by the corporation's boar	ration submits this statement for the purpord of directors. Thereby accept the appoin	ose of changing its registered office
familiar with	, and accept the obligations of, Secti	on 607.0505, Florida Statutes	·	o or airocors. Thereby accept the appoint	innent as registerto agent, ram
SIGNATURE _	Signature, typed or printed name of registered agont	40	TE: Registered Agent signature required		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12
TITLE	PST	DELETE	1. 1 TITLE		☐ Change ☐ Addition
NAME	RIBONNET, ANDRE		1.2 NAME		
STREET ADDRESS	2640 N.E. 212 TERRACE		1.3 STREET ADDRESS		
CITY-ST-7IP	MIAMI BEACH FL 33180	Francisco	1.4 CITY - ST- ZIP		
TITLE	POL, ALEXANDER	☐ DETELE	2. 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	5801 S.W. 47TH ST.		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3. 1 TITLE		☐ Change ☐ Addition
NAME:			3.2 NAME	•	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELET€	4. 1 TITLE		Change Addition
NAME CTUELL ADDDDGGG			4.2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS	70000180	7657
TITLE		DELETE	4 4 CITY - ST - ZIP 5 1 TITLE	70000180 	G015 T Change Addition
NAME		_	5.2 NAME	***200.00	
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-S1-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 THLE	-	☐ Chang€ ☐ Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-S1-ZIP	certify that the information supplied w	with this filing is valuntarily furn	64 CITY-ST-ZIP	or the exemption stated in Section 119.07	(3Vk) Florida Stat dos I further
certify that oath; that I	the information indicated on this annu	al report or supplemental annu ration or the receiver or trustee	ual report is true and accura- e empowered to execute this	of the exemption stated in Section 119.04 the and that my signature shall have the sai s report as required by Chapter 607, Floric	me legal effect as if made under

SIGNATURE:

SIGNATURE AND VIEWOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 944 - 8209 Daytme Phone #