

LOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Martha B. McMillan
Secretary of State
1905 N.W. 11th Street, Tallahassee, Florida 32304-3000

**APPROVED
AND
FILED**

95 MAY -1 AM 9:38

DOCUMENT # J79139 (8)

BUONO FORTUNA, U.S.A., INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Corporation		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
% DORIAN STOLL ROSEN 260 CRANDON BLVD., #30 KEY BISCAIYNE FL 33149		% DORIAN STOLL ROSEN 260 CRANDON BLVD., #30 KEY BISCAIYNE FL 33149		06/23/1987		04/14/1994	
2. Principal Office Address		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2820245		Not Applicable	
22. State Apt. # etc.		27. State Apt. # etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fee	
24. Zip		29. Zip		30. Country		8. This corporation has liability for intangible tax under S. 199.037, Florida Statutes	
25. Country		30. Country		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROSEN, DORIAN STOLL 260 CRANDON BLVD. #30 KEY BISCAIYNE FL 33149				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)	
1. NAME	D ROSEN, DORIAN STOLL	1.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	4300 LENNOX DRIVE	1.2 NAME	
3. CITY	COCONUT GROVE FL	1.3 STREET ADDRESS	
4. ZIP		1.4 CITY, STATE	
5. NAME	D MASCOLO, TERRY	2.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS	1915 BRICKELL AVE CPN 10	2.2 NAME	
7. CITY	MIAMI FL	2.3 STREET ADDRESS	
8. ZIP		2.4 CITY, STATE	
9. NAME		3.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS		3.2 NAME	
11. CITY		3.3 STREET ADDRESS	
12. ZIP		3.4 CITY, STATE	
13. NAME		4.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY		4.3 STREET ADDRESS	
16. ZIP		4.4 CITY, STATE	
17. NAME		5.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS		5.2 NAME	
19. CITY		5.3 STREET ADDRESS	
20. ZIP		5.4 CITY, STATE	
21. NAME		6.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. STREET ADDRESS		6.2 NAME	
23. CITY		6.3 STREET ADDRESS	
24. ZIP		6.4 CITY, STATE	

14. I, the undersigned, being the authorized signatory, certify that the information furnished and claims made herein are true and correct, and that the corporation, stated on this form, is a Florida corporation. I further certify that the information furnished on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the registrar or trustee responsible to prepare this report as required by Chapter 199, Florida Statutes, and that my name appears thereon. I have not been changed or removed from office with an address.

SIGNATURE: *Dorian Rosen* Dorian Rosen 4.25.95 305.361.6886