

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K71412** (6)
 1. Corporation Name
GIONI INCORPORATED



Principal Place of Business: **% SAMUEL SPENCER BLUM, P.A. 318 ARAGON AVE. CORAL GABLES FL 33134**
 Mailing Address: **% SAMUEL SPENCER BLUM, P.A. 318 ARAGON AVE. CORAL GABLES FL 33134**

3. Date Incorporated or Qualified 03/09/1989	3a. Date of Last Report 02/07/1995
4. FEI Number 65-0110246	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent BLUM, SAMUEL SPENCER 2685 S BAYSHORE DRIVE SUITE 406 COCONUT GROVE FL 33133	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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 607.0605, Florida Statutes.

SIGNATURE: _____ Date: _____ Title: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD PERNETTI, TELESFORO		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
1690 S BAYSHORE LANE		4. CITY, ST, ZIP	
CITY, ST, ZIP		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
COCONUT GROVE FL		6. NAME	
		7. STREET ADDRESS	
		8. CITY, ST, ZIP	
		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		10. NAME	
		11. STREET ADDRESS	
		12. CITY, ST, ZIP	
		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		14. NAME	
		15. STREET ADDRESS	
		16. CITY, ST, ZIP	
		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		18. NAME	
		19. STREET ADDRESS	
		20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this form was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 a partner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: **TELESFORO PERNETTI**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-442-2557
 (68) District Phone #

CR2E034 (12/95)