

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000096763 (4)

1. Corporation Name
BIONNE, INC.



Principal Place of Business ONE BISCAYNE TOWER, SUITE 3400 TWO SOUTH BISCAYNE BLVD. MIAMI FL 33131-1897	Mailing Address ONE BISCAYNE TOWER, SUITE 3400 TWO SOUTH BISCAYNE BLVD. MIAMI FL 33131-1806
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3. Date Incorporated or Qualified 12/21/1995	3a. Date of Last Report 05/01/1996
4. FEI Number APPLIED FOR: 65-0682038	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt #, etc.	22. Mailing Address Suite, Apt #, etc.
22. City & State	23. City & State
23. Zip Country	24. Zip Country

9. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. ONE BISCAYNE TOWER, SUITE 3400 TWO SOUTH BISCAYNE BLVD. MIAMI FL 33131-1897	10. Name and Address of New Registered Agent
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 the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL ROSAL, JORGE L	1.2 NAME	
STREET ADDRESS	9400 OLD CUTLER LANE	1.3 STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLES FL 33156	1.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL ROSAL, ZOILA C	2.2 NAME	
STREET ADDRESS	9400 OLD CUTLER LANE	2.3 STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLES FL 33156	2.4 CITY- ST- ZIP	
TITLE	DTS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL ROSAL, JORGE JR	3.2 NAME	
STREET ADDRESS	9400 OLD CUTLER LANE	3.3 STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLES FL 33156	3.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL ROSAL CABRERA, VIRGINIA	4.2 NAME	
STREET ADDRESS	9400 OLD CUTLER LANE	4.3 STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLES FL 33156	4.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL ROSAL WILSON, ELENA	5.2 NAME	
STREET ADDRESS	9400 OLD CUTLER LANE	5.3 STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLES FL 33156	5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing 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 a 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 from an attachment with an address.

SIGNATURE: _____ **4-28-97 (305) 662-3785**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)