

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

FILED
Jun 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000096763 (4)
 1. Corporation Name
BIONNE, INC.



Principal Place of Business Mailing Address

**ONE BISCAYNE TOWER, SUITE 3400
 TWO SOUTH BISCAYNE BLVD.
 MIAMI FL 33131-1897**

**ONE BISCAYNE TOWER, SUITE 3400
 TWO SOUTH BISCAYNE BLVD.
 MIAMI FL 33131-1897**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 **9400 OLD CUTLER LANE** 26 **100 S.E. 2ND STREET**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **CORAL GABLES, FL** 27 **SUITE 4000**
 City & State City & State

23 **33156** 25 **FL** 28 **MIAMI, FL**
 Zip Country Zip Country

24 **33156** 25 **FL** 29 **33131** 30 **FL**

3. Date Incorporated or Qualified
12/21/1995

4. FEI Number **65-0682038** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 **RICHARD GUTTMAN**

82 Street Address (P.O. Box Number is Not Acceptable)
100 S.E. 2ND STREET

83 **SUITE 4000**

84 City **MIAMI** 85 Zip Code **FL 33131**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **RICHARD GUTTMAN** **6-8-98**
Signature type of professional registered agent and fee applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D/P	<input type="checkbox"/> DELETE
NAME	DEL ROSAL, JORGE L	
STREET ADDRESS	9400 OLD CUTLER LANE	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEL ROSAL, ZOILA C	
STREET ADDRESS	9400 OLD CUTLER LANE	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	DEL ROSAL, JORGE JR	
STREET ADDRESS	9400 OLD CUTLER LANE	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEL ROSAL CABRERA, VIRGINIA	
STREET ADDRESS	9400 OLD CUTLER LANE	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEL ROSAL WILSON, ELENA	
STREET ADDRESS	9400 OLD CUTLER LANE	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

70000256816 Change Addition
-06/22/98 - 01095 - 150
*****150.00**

2/22/98

14. I 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 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 if checked, or on the statement with an address.

SIGNATURE: *[Signature]* **Jorge Luis del Rosal** President 4/22/98 (305) 662-3785

CR2E034 (10/97)