

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

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90006 033 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000096763** *VoR*

1. Corporation Name  
**BIONNE, INC.**

Principal Place of Business <b>9400 OLD CUTLER LANE                  CORAL GABLES, FL. 33156</b>	Mailing Address <b>100 S.E. 2ND STREET                  SUITE 4000                  MIAMI, FL. 33131</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/21/1995**

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

4. FEI Number <b>65-0682038</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**RICHARD GUTTMAN  
 100 S.E. 2ND STREET  
 SUITE 4000  
 MIAMI, FL. 33131**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 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 is not on the list of persons who are prohibited from doing business with the State of Florida.

SIGNATURE \_\_\_\_\_

**Secretary** **04/30/99** **(305) 662-3785**  
**George Luis del Rosal, Jr.**