

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

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**May 09 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 # S19269 (7)

1. Corporation Name
BICHI CORPORATION



Principal Place of Business 1915 BRICKELL AVE APT C-402 MIAMI FL 33129-1709	Mailing Address 1915 BRICKELL AVE APT C-402 MIAMI FL 33129-1709
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3. Date Incorporated or Qualified 12/17/1990	3a. Date of Last Report 01/30/1996
4. FEI Number 65-0335324	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.
23. City & State	24. City & State
25. Zip	26. Zip
27. Country	28. Country

9. Name and Address of Current Registered Agent

**WISNIACKI, FABIAN
1915 BRICKELL AVE #C-402
MIAMI FL 33129**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature is typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	PD		
NAME	WISNIACKI, BENJAMIN		
STREET ADDRESS	1915 BRICKELL AVE #C-402		
CITY- ST- ZIP	MIAMI FL		
TITLE	VSD		
NAME	SPITERI, ANA STELMA		
STREET ADDRESS	1915 BRICKELL AVE #C-402		
CITY- ST- ZIP	MIAMI FL		
TITLE	D		
NAME	WISNIACKI DE BLOCH, M.		
STREET ADDRESS	1915 BRICKELL AVE #C-402		
CITY- ST- ZIP	MIAMI FL		
TITLE	D		
NAME	WISNIACKI, SALOMON G.		
STREET ADDRESS	1915 BRICKELL AVE #C-402		
CITY- ST- ZIP	MIAMI FL		
TITLE	D		
NAME	WISNIACKI DE BERMAN, G.R		
STREET ADDRESS	1915 BRICKELL AVE #C-402		
CITY- ST- ZIP	MIAMI FL		
TITLE	VD		
NAME	WISNIACKI, FABIAN		
STREET ADDRESS	1915 BRICKELL AVE C-402		
CITY- ST- ZIP	MIAMI FL		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY- ST- ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY- ST- ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
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 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 changed, or on an attachment with an address.

SIGNATURE:  **FABIAN WISNIACKI** *2/24/97*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)