


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

FILED  
May 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M60008** (3)  
1. Corporation Name  
**BONA RIPA INC.**

Principal Place of Business <b>300-72 ST. MIAMI BCH. FL 33161</b>	Mailing Address <b>P.O. BOX 4292 MIAMI BCH. FL 33141</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/01/1987</b>		3a. Date of Last Report <b>04/25/1996</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>65-0005499</b>		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>RIPA, BENNY 300-72 ST. MIAMI BCH. FL 33141</b>				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 <b>FL</b>			

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	VD-TD
NAME	RIPA, BENNY	1.2 NAME	RIPA, BENNY
STREET ADDRESS	P.O. BOX 4292 N/A	1.3 STREET ADDRESS	P.O. BOX 4292 N/A
CITY-ST-ZIP	MIAMI BCH. FL	1.4 CITY-ST-ZIP	MIAMI BEACH FL. 33141
TITLE	VD	2.1 TITLE	
NAME	ANTONUCCI, CESARE	2.2 NAME	
STREET ADDRESS	P.O. BOX 4292 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL 33141	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	NICOLA, ARIANO	3.2 NAME	
STREET ADDRESS	P.O. BOX 4292 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL 33144	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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: 

02-09-'97 (305) 866-9618

CR2E034 (9/96)