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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M99786 (9)
1. Corporation Name
BAMANA, INC.



Principal Place of Business
% MARCEL G. WORTMAN
2490 NORTHWEST 25TH ST.
BOCA RATON FL 33431

Mailing Address
% MARCEL G. WORTMAN
2490 NORTHWEST 25TH ST.
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 M. WORTMAN, G.

22 City & State

27 6236 NW 21st Court

23 City & State

28 BOCA-RATON FLA

24 Zip

Country

29 Zip

33496

Country

9. Name and Address of Current Registered Agent

WORTMAN, MARCEL G.
2490 NORTHWEST 25TH ST.
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

MARCEL WORTMAN G

1-12-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WORTMAN, MARCEL G.
STREET ADDRESS 2490 NORTHWEST 25TH ST.
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PRESIDENT
WORTMAN MARCEL G.
6236 NW 21ST COURT
BOCA RATON FL 33496

TITLE D
NAME WORTMAN, BARBARA W.
STREET ADDRESS 2490 NORTHWEST 25TH ST.
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
V. PRES.
WORTMAN BARBARA W.
6236 NW 21ST COURT
BOCA RATON FL 33496

TITLE S
NAME COLLANGE, PAUL
STREET ADDRESS 815 NE 1ST CT
CITY-ST-ZIP DELRAY BCH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MARCEL WORTMAN

1-12-98 561-997-2030

CR2E034 (10/97)