

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Mar 26 1996 8:00 am  
Secretary of State

DOCUMENT # P93000066381 (3)

1. Corporation Name

BONICELL USA CORP.



Principal Place of Business

8339 NW 66TH ST  
MIAMI FL 33166  
US

Mailing Address

8339 NW 66TH T  
MIAMI FL 33166  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

RICCOBON, GUSTAVO F  
4749 NW 98TH PL  
MIAMI FL 33178

3. Date Incorporated or Qualified  
09/23/1993

3a. Date of Last Report  
07/25/1995

4. FET Number

65-0437668

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☒ No ☐

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME  
RICCOBON, GUSTAVO F  
STREET ADDRESS  
4749 NW 98TH PL  
CITY - ST - ZIP  
MIAMI FL

TITLE VP ☐ DELETE

NAME  
FAILLAGE, GABRIEL  
STREET ADDRESS  
9939 NW 49TH TR  
CITY - ST - ZIP  
MIAMI FL

TITLE ST ☐ DELETE

NAME  
ALFONSO, CECILIA NORA  
STREET ADDRESS  
9349 NW 48TH DORAL TER  
CITY - ST - ZIP  
MIAMI F

TITLE D ☐ DELETE

NAME  
PROVENZANO, WALTER LUIS  
STREET ADDRESS  
9349 NW 48TH DORAL TERR  
CITY - ST - ZIP  
MIAMI FL

TITLE D ☐ DELETE

NAME  
IRIAT, LUIS MARIA  
STREET ADDRESS  
9939 NW 49TH TERR  
CITY - ST - ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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

V.P.  
FAILLAGE, GABRIEL (Spelling Correction)

SECRETARY  
FAILLAGE, GABRIEL  
9939 NW 49 TR.  
MIAMI - FL - 33178

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

✓ 03-21-96 ✓ (305) 592-0428

CR2E034 (12/95)