

FILE NOW. FILING FEE AFTER MARCH 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000064990

1. Corporation Name
A. BONICORP, INC.

Principal Place of Business Mailing Address
10101 E Bay Harbor Dr.
708
Miami, Fl. 33154-1202

3. Date Incorporated or Qualified **Sept. 2 1994** 3a. Date of Last Report **March 1995**

2. Principal Place of Business 2a. Mailing Address
21 10101 E. Bay Harbor Dr. 26 **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 # 708 27
City & State City & State
23 Miami, Fl. 28
Zip Country Zip Country
24 33154-1202 25 29 30

4. FEI Number **65-0517537** 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
7. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
FELIPE C. SAGLIMBENI

10. Name and Address of New Registered Agent
81 Name **FELIPE C. SAGLIMBENI**
82 Street Address (P.O. Box Number is Not Acceptable) **10101 E. BAY HARBOR DR.**
83 # **708**
84 City **MIAMI** FL 85 Zip Code **33154**

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 *Felipe C. Saglimbeni* **Felipe C. Saglimbeni** 2/6/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P/S <input type="checkbox"/> DELETE
NAME	Felipe C. Saglimbeni
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Felipe C Saglimbeni
1.3 STREET ADDRESS	10101 E Bay Harbor Dr. # 708
1.4 CITY - ST - ZIP	Miami, Fl. 33154-1202
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	500001746565
4.4 CITY - ST - ZIP	-03/18/96-01036-022
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	***200.00
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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 as an attachment with an address.

SIGNATURE: *Felipe C. Saglimbeni* **FELIPE C. SAGLIMBENI** 2/6/96
(307) 867-7993

CREC03A (12/95) PS 3/18/96