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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000015313 (6)

1. Corporation Name

BNB ENTERPRISES, INC.



Principal Place of Business

2545 WEST 80TH STREET
UNIT 4
HIALEAH FL 33016

Mailing Address

2545 WEST 80TH STREET
UNIT 4
HIALEAH FL 33016

3. Date Incorporated or Qualified

02/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOVARO, ALDO
2545 WEST 80TH ST.
UNIT 4
HIALEAH FL 33016

81 Name

GUSTAVO BOSCAN

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

2545 West 80th Street Unit 4

83

84 City

Hialeah-

FL

85

Zip Code

33016

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

GUSTAVO J. BOSCAN

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

(NOTE: Registered Agent's Signature Required when reinstating)

DATE

5-8-96

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

BUCHI, ALBERTO

STREET ADDRESS

2545 WEST 80TH ST. UNIT 4

CITY-ST-ZIP

HIALEAH FL 33016

TITLE

D

☐ DELETE

NAME

NOVARO, ALDO

STREET ADDRESS

2545 WEST 80TH ST. UNIT 4

CITY-ST-ZIP

HIALEAH FL 33016

TITLE

D

☐ DELETE

NAME

BOSCAN, GUSTAVO

STREET ADDRESS

2545 WEST 80TH ST. UNIT 4

CITY-ST-ZIP

HIALEAH FL 33016

TITLE

D

☐ DELETE

NAME

NOVARO MARIA

STREET ADDRESS

2545 West 80th St. Unit 4

CITY-ST-ZIP

Hialeah - FL 33016

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ 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 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 #

5-8-96 (305) 826-0230

CR2E034 (12/95)