

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000096763 (4)**

1. Corporation Name
BIONNE, INC.



Principal Place of Business: **ONE BISCAYNE TOWER, SUITE 3400 TWO SOUTH BISCAYNE BLVD. MIAMI FL 33131-1897**
Mailing Address: **ONE BISCAYNE TOWER, SUITE 3400 TWO SOUTH BISCAYNE BLVD. MIAMI FL 33131-1897**

3. Date Incorporated or Qualified: **12/21/1995**
3a. Date of Last Report: **n/a**
4. FET Number: **applied for**
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

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
21-24: Suite, Apt. #, etc; City & State; Zip; Country
26-30: Suite, Apt. #, etc; City & State; Zip; Country

9. Name and Address of Current Registered Agent
**VALDES-FAULI CORPORATE SERVICES, INC.
ONE BISCAYNE TOWER, SUITE 3400
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131-1897**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	D, P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL ROSAL, JORGE L	12 NAME	Del Rosal, Jorge L.
STREET ADDRESS	9400 OLD CUTLER LANE	13 STREET ADDRESS	9400 Old Cutler Lane
CITY-ST-ZIP	CORAL GABLES FL 33156	14 CITY-ST-ZIP	Coral Gables, FL 33156
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL ROSAL, ZOILA C	22 NAME	
STREET ADDRESS	9400 OLD CUTLER LANE	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33156	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	D/T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL ROSAL, JORGE JR	32 NAME	Del Rosal Cabrera, Jorge Jr.
STREET ADDRESS	9400 OLD CUTLER LANE	33 STREET ADDRESS	9400 Old Cutler Lane
CITY-ST-ZIP	CORAL GABLES FL 33156	34 CITY-ST-ZIP	Coral Gables, FL 33156
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL ROSAL CABRERA, VIRGINIA	42 NAME	
STREET ADDRESS	9400 OLD CUTLER LANE	43 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33156	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	400001828974
NAME	DEL ROSAL WILSON, ELENA	52 NAME	05/20/96 01037-032
STREET ADDRESS	9400 OLD CUTLER LANE	53 STREET ADDRESS	***200.00
CITY-ST-ZIP	CORAL GABLES FL 33156	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 registrar 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, in original, or on an attachment with an address.

SIGNATURE: _____ **Jorge L. Del Rosal, President** 4/29/96 (305) 376-6094

CR2E034 (12/95)