

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S19269

(7)

1. Corporation Name

BICHI CORPORATION

Principal Place of Business

1915 BRICKELL AVE
APT C-402
MIAMI FL 33129-1709

Mailing Address

1915 BRICKELL AVE
APT C-402
MIAMI FL 33129-1709

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

12/17/1990

3a. Date of Last Report

11/14/1994

4. FEI Number

65-0335324

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WISNIACKI, FABIAN
1915 BRICKELL AVE #C-402
MIAMI FL 33129

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
WISNIACKI, BENJAMIN
1915 BRICKELL AVE #C-402
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VSD
SPITERI, ANA STELMA
1915 BRICKELL AVE #C-402
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
WISNIACKI DE BLOCH, M.
1915 BRICKELL AVE #C-402
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
WISNIACKI, SALOMON G.
1915 BRICKELL AVE #C-402
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
WISNIACKI DE BERMAN, G.R
1915 BRICKELL AVE #C-402
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
WISNIACKI, FABIAN
1915 BRICKELL AVE C-402
MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(4), 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

FABIAN WISNIACKI V.P.

Date

Signature Page #