

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/17/1990	3a. Date of Last Report 01/30/1996
25		30		4. FEI Number 65-0335324	Applied For <input type="checkbox"/> Not Applicable
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE WISNIACKI, BENJAMIN 1915 BRICKELL AVE #C-402 MIAMI FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME WISNIACKI, BENJAMIN		1.2 NAME	
STREET ADDRESS 1915 BRICKELL AVE #C-402		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP	
TITLE VSD	<input type="checkbox"/> DELETE SPITERI, ANA STELMA 1915 BRICKELL AVE #C-402 MIAMI FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SPITERI, ANA STELMA		2.2 NAME	
STREET ADDRESS 1915 BRICKELL AVE #C-402		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE WISNIACKI DE BLOCH, M. 1915 BRICKELL AVE #C-402 MIAMI FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME WISNIACKI DE BLOCH, M.		3.2 NAME	
STREET ADDRESS 1915 BRICKELL AVE #C-402		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE WISNIACKI, SALOMON G. 1915 BRICKELL AVE #C-402 MIAMI FL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME WISNIACKI, SALOMON G.		4.2 NAME	
STREET ADDRESS 1915 BRICKELL AVE #C-402		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE WISNIACKI DE BERMAN, G.R. 1915 BRICKELL AVE #C-402 MIAMI FL	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME WISNIACKI DE BERMAN, G.R.		5.2 NAME	
STREET ADDRESS 1915 BRICKELL AVE #C-402		5.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		5.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE WISNIACKI, FABIAN 1915 BRICKELL AVE C-402 MIAMI FL	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME WISNIACKI, FABIAN		6.2 NAME	
STREET ADDRESS 1915 BRICKELL AVE C-402		6.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *FABIAN WISNIACKI* 2/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)