

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **826589** (4)
1. Corporation Name
BANFI PRODUCTS CORPORATION



Principal Place of Business: **21 BANFI PLAZA CS 6039 FARMINGDALE N Y 11735**
Mailing Address: **21 BANFI PLAZA CS 6039 FARMINGDALE N Y 11735**

3. Date Incorporated or Qualified: **08/06/1971** 3a. Date of Last Report: **05/22/1995**
4. FEI Number: **13-4941010** 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: 24, Country: 25
2a. Mailing Address: 26, Suite, Apt. #, etc.: 27, City & State: 28, Zip: 29, Country: 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
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 607.1508, 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: _____ (Print Name of Registered Agent) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	NAPOLEON, JL	
STREET ADDRESS	111 CEDAR SWAMP RD	
CITY-ST-ZIP	OLD BROOKVILLE, NY 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MARIANI, HARRY	
STREET ADDRESS	111 CEDAR SWAMP RD	
CITY-ST-ZIP	OLD BROODVILLE, NY 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GOETZ, THERESA	
STREET ADDRESS	21 BANFI PLAZA	
CITY-ST-ZIP	FARMINGDALE NY	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MARIANI, JOHN F JR	
STREET ADDRESS	111 CEDAR SWAMP RD	
CITY-ST-ZIP	OLD BROOKVILLE, NY 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SORRE, LUCIO	
STREET ADDRESS	111 CEDAR SWAMP RD	
CITY-ST-ZIP	OLD BROOKVILLE, NY 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CALDERONE, PHILIP D	
STREET ADDRESS	1111 CEDAR SWAMP RD	
CITY-ST-ZIP	OLD BROOKVILLE NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 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 on an attached list with an address.

SIGNATURE: *Philip D. Calderone* Philip D. Calderone 4/23/96 (516) 626-9200
DATE: _____ DATE: _____

CR2E034 (12/95)