

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

**FILED**  
**May 15 1997 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # 171284 (3)**

1. Corporation Name  
**AYR CORP**



|  |  |
|--|--|
| Principal Place of Business<br><b>INTERNATIONAL PLACE, SUITE 2370</b><br><b>100 SE 2 STREET</b><br><b>MIAMI FL 33131-2145</b><br><b>US</b> | Mailing Address<br><b>INTERNATIONAL PLACE, SUITE 2370</b><br><b>100 SE 2 STREET</b><br><b>MIAMI FL 33131-2100</b><br><b>US</b> |
|--|--|

|  |   |
|--|---|
| 2. Principal Place of Business<br>21 <b>NATIONSBANK TOWER, SUITE 2370</b><br>Suite, Apt. #, etc.<br>22 <b>100 SE 2 STREET</b><br>City & State<br>23 <b>MIAMI FL</b><br>Zip<br>24 <b>33131-2145</b> | 2a. Mailing Address<br>26 <b>NATIONSBANK TOWER, SUITE 2370</b><br>Suite, Apt. #, etc.<br>27 <b>100 SE 2 STREET</b><br>City & State<br>28 <b>MIAMI FL</b><br>Zip<br>29 <b>33131-2145</b> |
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|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>11/26/1952</b>  | 3a. Date of Last Report<br><b>04/22/1996</b> |
| 4. FEI Number<br><b>59-6058086</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**RICKARD, BARBARA A**  
**INTERNATIONAL PLACE SUITE 2370**  
**100 SE 2 STREET**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**NATIONSBANK TOWER, SUITE 2370**  
 83 **100 SE 2 STREET**  
 84 City  
**MIAMI** **FL** 85 Zip Code  
**33131-2145**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.)

| 12. OFFICERS AND DIRECTORS |                                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                     |
|----------------------------|---------------------------------------|---|-------------------------------------|
| TITLE                      | <b>STD</b>                            | 1.1 TITLE   | <b>STD</b>                          |
| NAME                       | <b>RICKARD, BARBARA A</b>             | 1.2 NAME  |                                     |
| STREET ADDRESS             | <b>100 SE 2 STREET, SUITE 2370</b>    | 1.3 STREET ADDRESS                                    |                                     |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                       | 1.4 CITY-ST-ZIP                                       | <b>MIAMI FL 33131-2145</b>          |
| TITLE                      | <b>PD</b>                             | 2.1 TITLE   |                                     |
| NAME                       | <b>HEMMINGS, ARTHUR I</b>             | 2.2 NAME  |                                     |
| STREET ADDRESS             | <b>2582 S E 7 CT</b>                  | 2.3 STREET ADDRESS                                    | <b>HOMESTEAD FL 33033-5210</b>      |
| CITY-ST-ZIP                | <b>HOMESTEAD FL</b>                   | 2.4 CITY-ST-ZIP                                       |                                     |
| TITLE                      | <b>VD</b>                             | 3.1 TITLE   |                                     |
| NAME                       | <b>BARR, SAMUEL L JR.</b>             | 3.2 NAME  |                                     |
| STREET ADDRESS             | <b>801 BRICKELL AVENUE 19TH FLOOR</b> | 3.3 STREET ADDRESS                                    | <b>10 MARBELLA CT HAMMOCK DUNES</b> |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                       | 3.4 CITY-ST-ZIP                                       | <b>PALM COAST FL 32137</b>          |
| TITLE                      |                                       | 4.1 TITLE   |                                     |
| NAME                       |                                       | 4.2 NAME  |                                     |
| STREET ADDRESS             |                                       | 4.3 STREET ADDRESS                                    |                                     |
| CITY-ST-ZIP                |                                       | 4.4 CITY-ST-ZIP                                       |                                     |
| TITLE                      |                                       | 5.1 TITLE   |                                     |
| NAME                       |                                       | 5.2 NAME  |                                     |
| STREET ADDRESS             |                                       | 5.3 STREET ADDRESS                                    |                                     |
| CITY-ST-ZIP                |                                       | 5.4 CITY-ST-ZIP                                       |                                     |
| TITLE                      |                                       | 6.1 TITLE   |                                     |
| NAME                       |                                       | 6.2 NAME  |                                     |
| STREET ADDRESS             |                                       | 6.3 STREET ADDRESS                                    |                                     |
| CITY-ST-ZIP                |                                       | 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: *Barbara A Rickard* **BARBARA A RICKARD** 04/22/97 (305) 370-1806

CR2E034 (9/96)