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Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90022 037 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000005305

1. Corporation Name
BLAYA INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**8400 NW 52ND ST., SUITE 101
 MIAMI FL 33166**

Mailing Address
**8400 NW 52ND ST., SUITE 101
 MIAMI FL 33166**

3. Date Incorporated or Qualified

09/21/1998

4. FEI Number

65-0803106

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 **7322 SW FREEWAY**

Suite, Apt. #, etc.

22 **1500**

City & State

23 **HOUSTON, TX**

Zip

24 **77074**

Country

25 **USA**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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

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 DELETE

NAME **PD CANCELA, JOSE C**
 STREET ADDRESS **8400 NW 52ND ST., SUITE 101**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE DELETE

NAME **SD DAWSON, STEVEN E**
 STREET ADDRESS **8400 NW 52ND ST., SUITE 101**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE DELETE

NAME **C BLAYA, JOAQUIN F**
 STREET ADDRESS **8400 NW 52ND ST., SUITE 101**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE DELETE

NAME **D GOLDMAN, ANDREW**
 STREET ADDRESS **19 HIGHLAND WAY**
 CITY-ST-ZIP **SCARSDALE NY 10583-1609**

TITLE DELETE

NAME **D SANTOLERI, JOHN**
 STREET ADDRESS **466 LEXINGTON AVENUE**
 CITY-ST-ZIP **NEW YORK NY 10017-3147**

TITLE DELETE

NAME **D LAPIDUS, SID**
 STREET ADDRESS **466 LEXINGTON AVENUE**
 CITY-ST-ZIP **NEW YORK NY 10017-3147**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/7/99

(305) 463-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (1/1/98)