


FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90110 011 \*\*\*\*61.25

COLLECT

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N95000003665</b>					
1. Corporation Name <b>BAILES FERRER, INC.</b>					
Principal Place of Business ATTN: D. I. FERRER 10 FLEMING COURT FT. LAUDERDALE FL 33326			Mailing Address ATTN: D. I. FERRER 10 FLEMING COURT FT. LAUDERDALE FL 33326		

104453 90110 11



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/02/1995	
22 City & State		27 City & State		4. FEI Number --- 65-0628023	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FERRER, DAMARIS I 10 FLEMING COURT FT. LAUDERDALE FL 33326				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	<input type="checkbox"/> DELETE	1.1 TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRER, DAMARIS I		1.2 NAME	RIHA ROBBINS	
STREET ADDRESS	10 FLEMING COURT		1.3 STREET ADDRESS	2 ST ANDREWS CT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326		1.4 CITY-ST-ZIP	ST AUGUSTINE, FL 32084	
TITLE	VSD	<input type="checkbox"/> DELETE	2.1 TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIM, ALLEN W		2.2 NAME	ROMULO FERNANDEZ	
STREET ADDRESS	10 FLEMING COURT		2.3 STREET ADDRESS	370 GOLFVIEW DR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326		2.4 CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTANA, NOEMI		3.2 NAME	MICHAEL GREENBERG	
STREET ADDRESS	3435 GILES PL #5L		3.3 STREET ADDRESS	2 ST ANDREWS CT	
CITY-ST-ZIP	BRONX NY 10463		3.4 CITY-ST-ZIP	ST AUGUSTINE, FL 32084	
TITLE	O	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUSTIN, FRANCESCA		4.2 NAME	ADELA GREEN	
STREET ADDRESS	1451 SOUTHWEST 75 TERRACE		4.3 STREET ADDRESS	14571 BLATT BLVD #206	
CITY-ST-ZIP	PLANTATION FL 50		4.4 CITY-ST-ZIP	WESTON FL 33326	
TITLE	O	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, SUZANNE		5.2 NAME		
STREET ADDRESS	1451 SOUTHWEST 75 TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		5.4 CITY-ST-ZIP		
TITLE	BM	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUGOVINA, FRANCISCO		6.2 NAME		
STREET ADDRESS	1255 N AVE BLDG B #3R		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW ROCHELLE NY 10804		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 617, 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  
 1/10/99 9543842241  
 Date Daytime Phone #

CR2E037 (11/98)