FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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1995 MAY -1 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # P94000084851

1. Corporation Name

BYATUBOS, INC.

200001490322
-05/17/95--01051--001
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
444 BRICKELL AVENUE SUITE 300 MIAMI FL 33131	444 BRICKELL AVENUE SUITE 300 MIAMI FL 33131

3. Date Incorporated or Qualified: 11/22/94
3a. Date of Last Report: 11/21/94

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 65-0562693 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STEWART A. MERKIN ESQ. RIVERGATE PLAZA, SUITE 300 444 BRICKELL AVENUE MIAMI FLORIDA 33131	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DIRECTOR	1.1 TITLE	DIRECTOR - SECRETARY	☒ Change ☐ Addition
NAME	RALPH FONDEUR	1.2 NAME	RUTH E. FONDEUR	
STREET ADDRESS	444 BRICKELL Avenue #300	1.3 STREET ADDRESS	444 BRICKELL AVE # 300	
CITY-ST-ZIP	MIAMI FLORIDA 33131	1.4 CITY-ST-ZIP	MIAMI FL 33131	
TITLE		2.1 TITLE	DIRECTOR - PRESIDENT	☐ Change ☒ Addition
NAME		2.2 NAME	ENRIQUE J. COLLAZO	
STREET ADDRESS		2.3 STREET ADDRESS	444 BRICKELL AVE # 300	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI FL 33131	
TITLE		3.1 TITLE	DIRECTOR - TREASURER	☐ Change ☒ Addition
NAME		3.2 NAME	ALBERT H. KOCHER	
STREET ADDRESS		3.3 STREET ADDRESS	444 BRICKELL AVE # 300	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI FL 33131	
TITLE		4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME		4.2 NAME	HERBERT PRENTICE	
STREET ADDRESS		4.3 STREET ADDRESS	444 BRICKELL AVE #300	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI FL 33131	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

200001490322
-05/17/95--01051--002
*******8.75 *******8.75

DEP
5-1-95

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)(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: [signature] ENRIQUE J. COLLAZO APR 28 1995 407 368 4886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #