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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000060993 (8)**

1. Corporation Name
BAWOW, INC.

Principal Place of Business
~~C/O KTG&S REGISTERED AGENT CORPORATION~~
~~100 SE 2ND ST~~
~~MIAMI FL 33131~~
Bawow, Inc.
4601 PONCE DE LEON BLVD.
SUITE 210
CORAL GABLES, FL 33146

Mailing Address
SAME
~~C/O KTG&S REGISTERED AGENT CORPORATION~~
~~100 SE 2ND ST,~~
~~MIAMI FL 33131-2100~~

2. Principal Place of Business
21 4601 PONCE DE LEON BLVD
22 Suite, Apt. #, etc. SUITE 210
23 City & State CORAL GABLES, FL
24 Zip 33146
25 Country USA

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified
07/19/1996

3a. Date of Last Report
N/A

FEI Number
65-0691533
☐ 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

This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~KTG&S REGISTERED AGENT CORPORATION~~
~~100 SE 2ND STREET~~
~~28TH FLOOR~~
~~MIAMI FL 33131~~
Bawow, INC
4601 Ponce De Leon Blvd.
Suite 210
Coral Gables, FL 33146

10. Name and Address of New Registered Agent

81 Name PAUL DE GEORGE, III
82 Street Address (P.O. Box Number is Not Acceptable) 4601 PONCE DE LEON BLVD
83 SUITE 210
84 City CORAL GABLES FL 85 Zip Code 33156

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 Paul DeGeorge III PAUL DEGEORGE, III, DIR + VP 2-10-97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D/S/T Landon K. Thorne P.O. Box 30 N/A Sheldon, SC 29941	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D/P Saran Backer 888 Prospect St., #240 La Jolla, CA 92037	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D/VP Paul DeGeorge III 2451 Brickell Avenue, #194 Miami, FL 33129	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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: LANDON K. THORNE SEC/TR/DIR 2/10/97 (305) 661-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #