


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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90058 036 \*\*\*150.00

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>  |  |  |   | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS    |  |
| <b>DOCUMENT # P97000087840</b>  |  |   |   |   |  |
| 1. Corporation Name<br><b>BABUGI, INC.</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>13720 NE 11TH AVENUE<br/>MIAMI FL 33161</b>   |  |   | Mailing Address<br><b>13720 NE 11TH AVENUE<br/>MIAMI FL 33161</b> |   |  |
| 2. Principal Place of Business  |  | 2a. Mailing Address   |   | 3. Date Incorporated or Qualified   |  |
| 21  |  | 26  |   | 10/10/1997  |  |
| 22 Suite, Apt. #, etc.  |  | 27 Suite, Apt. #, etc.  |   | 4. FEI Number   |  |
| 23 City & State   |  | 28 City & State   |   | 65-0790035  |  |
| 24 Zip  |  | 29 Zip  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |  |
| 25 Country  |  | 30 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                      |   |  |
| <b>ADELEKE, TOKUNBO<br/>13720 NE 11TH AVENUE<br/>MIAMI FL 33161</b>   |  |   | 81 Name   |   |  |
|   |  |   | 82 Street Address (P.O. Box Number is Not Acceptable)             |   |  |
|   |  |   | 83  |   |  |
|   |  |   | 84 City <b>FL</b> 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<br>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   |  |   |   |   |  |
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |   |  |
| 1.2 NAME  |  |   |   |   |  |
| 1.3 STREET ADDRESS  |  |   |   |   |  |
| 1.4 CITY-ST-ZIP   |  |   |   |   |  |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |   |  |
| 2.2 NAME  |  |   |   |   |  |
| 2.3 STREET ADDRESS  |  |   |   |   |  |
| 2.4 CITY-ST-ZIP   |  |   |   |   |  |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |   |  |
| 3.2 NAME  |  |   |   |   |  |
| 3.3 STREET ADDRESS  |  |   |   |   |  |
| 3.4 CITY-ST-ZIP   |  |   |   |   |  |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |   |  |
| 4.2 NAME  |  |   |   |   |  |
| 4.3 STREET ADDRESS  |  |   |   |   |  |
| 4.4 CITY-ST-ZIP   |  |   |   |   |  |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |   |  |
| 5.2 NAME  |  |   |   |   |  |
| 5.3 STREET ADDRESS  |  |   |   |   |  |
| 5.4 CITY-ST-ZIP   |  |   |   |   |  |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |   |  |
| 6.2 NAME  |  |   |   |   |  |
| 6.3 STREET ADDRESS  |  |   |   |   |  |
| 6.4 CITY-ST-ZIP   |  |   |   |   |  |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)