SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F95000005277 (7)**

1. Corporation Name
BAMBI DE HUMACAO, INC.

Principal Place of Business	Mailing Address
CARLOS M. PENA STREET #6 HUMACAO PR 00791	CARLOS M. PENA STREET #6 HUMACAO PR 00791

3. Date Incorporated or Qualified: 10/30/1995
3a. Date of Last Report: 10-30-95

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 BAMBI DE Humacao Inc	26 BAMBI DE Humacao Inc	12 P.R. 66-0435680 (IN FLORIDA 59-3344407)	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22 No 6 Carlos M. Peña St.	27 No 6 Carlos M. Peña St.		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23 Humacao P.R.	28 Humacao P.R.		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
24 00791 / 25 Puerto Rico	29 00791 / 30 Puerto Rico		

9. Name and Address of Current Registered Agent

BAERGA, FRANCISCO J
491 CHICAGO WOODS CIRCLE
ORLANDO FL 32824

10. Name and Address of New Registered Agent

81 Name: The Same
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: Fco J. Baerga — Fco J. Baerga — JUNE 25-96
(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	PDC	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	BAERGA, FRANCISCO J		12 NAME	
STREET ADDRESS	ESTANCIAS DEL LAGO CALLE 1 B-18		13 STREET ADDRESS	
CITY-ST-ZIP	CAGUAS PR 00715		14 CITY-ST-ZIP	
TITLE	STDC	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	BAERGA, MILAGROS O		22 NAME	
STREET ADDRESS	ESTANCIAS DEL LAGO CALLE 1 B-18		23 STREET ADDRESS	
CITY-ST-ZIP	CAGUAS PR 00715		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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)(k), 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.

SIGNATURE: FRANCISCO J. BAERGA — Fco J. Baerga — JUNE 25-96 — 787 852-1988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #