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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **171284** **(3)**

1. Corporation Name
AYR CORP

Principal Place of Business	Mailing Address
INTERNATIONAL PLACE. SUITE 2370 100 SE 2 STREET MIAMI FL 33131-2145 US	INTERNATIONAL PLACE. SUITE 2370 100 SE 2 STREET MIAMI FL 33131-2100 US

3. Date Incorporated or Qualified: 11/26/1952
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business
21 NATIONSBANK TOWER, SUITE 2370
Suite, Apt. #, etc.
22 100 SE 2 STREET
City & State
23 MIAMI FL
Zip 24 33131-2145 Country 25 USA

2a. Mailing Address
26 NATIONSBANK TOWER, SUITE 2370
Suite, Apt. #, etc.
27 100 SE 2 STREET
City & State
28 MIAMI FL
Zip 29 33131-2145 Country 30 USA

4. FEI Number: 59-6058086 ☐ 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
RICKARD, BARBARA A
INTERNATIONAL PLACE SUITE 2370
100 SE 2 STREET
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
NATIONSBANK TOWER, SUITE 2370
83
100 SE 2 STREET
84 City: MIAMI FL 85 Zip Code: 33131-2145

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 _____ (NOTE: Registered Agent's 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	STD RICKARD, BARBARA A 100 SE 2 STREET, SUITE 2370 MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	STDM MIAMI FL 33131-2145	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HEMMINGS, ARTHUR I 2582 S E 7 CT HOMESTEAD FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	 HOMESTEAD FL 33033-5210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BARR, SAMUEL L JR. 801 BRICKELL AVENUE 19TH FLOOR MIAMI FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	 10 MARBELLA CT HAMMOCK DUNES PALM COAST FL 32137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 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: _____ BARBARA A RICKARD 04/22/97 (305) 372-1386