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

FILED Feb 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 180756 (9) BAILMAR, INC. Principal Place of Business Mailing Address ONE N.E. 19TH STREET ONE N.E. 19TH STREET SUITE 300 SUITE 300 MIAMI FL 33132 MIAMI FL 33132 TOO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/08/1954 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-0759799 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MARTEL, FRANK X. ONE N.E. 19TH STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 300 **MIAMI FL 33132** City 84 85 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, 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 607.05.05, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE GARRETT, RENEE M NAME 1.2 NAME ONE N.E. 19 ST., SUITE 300 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE MARTEL, FRANK X NAME 2.2 NAME #1 N.E. 19TH STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 31 TITLE Addition BROWN, MARJORIE L. 3.2 NAME NAME #1 NE 19 ST. STREET ADDRESS 3 3 STREET ADDRESS MIAM! FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change NAME 5.2 NAME

14. I 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 of 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 chapter, or on an all accurate my state of the corporation of the corporation of the receiver of 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 chapter, or on an all accurate my state of the corporation of the cor

5.3 STREET ADDRESS

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6.4 CITY-ST-ZIP

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6.1 TITLE

6.2 NAME

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Secv/Treas.

☐ Change

☐ Addition