

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 366321 (8)
1. Corporation Name
BAY CADILLAC, INC.

Principal Place of Business 15933 N FLORIDA AVE P.O. BOX 280078 LUTZ FL 33549 US	Mailing Address P. O. BOX 280078 TAMPA FL 33682-7078 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/26/1970	
21 Suite, Apt. #, etc.	22 City & State	26 2060 Biscayne Blvd.	27 2nd Floor	4. FEI Number 59-1300810	Applied For Not Applicable
23 Zip	24 Country	28 Miami, Florida	29 33137-5024	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
25		29 33137-5024		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

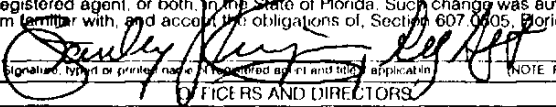
9. Name and Address of Current Registered Agent

LEIBOWITZ, EDWARD
ONE SE 3RD AVE, STE 2130
MIAMI FL 33131

10. Name and Address of New Registered Agent

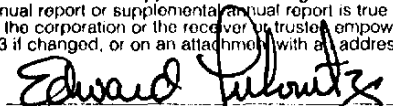
81 Name Stanley J. Krieger	82 Street Address (P.O. Box Number is Not Acceptable) 2060 Biscayne Blvd.,	83 Second Floor	84 City Miami,	85 Zip Code FL 33137
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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 607.0605, Florida Statutes.

SIGNATURE  STANLEY J. KRIEGER 3/19/98
Signed, typed or printed name of registered agent and title application (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO LEIBOWITZ, EDWARD	1.1 TITLE	☒ Change ☐ Addition
NAME	1039 GUISSANDO DE AVILA	1.2 NAME	
STREET ADDRESS	TAMPA FL	1.3 STREET ADDRESS	2060 Biscayne Blvd., 2nd Floor
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, Florida 33137-5024
TITLE	D LEIBOWITZ, BLOSSOM	2.1 TITLE	☒ Change ☐ Addition
NAME	1039 GUIDSANDO DE AVILA	2.2 NAME	
STREET ADDRESS	TAMPA FL	2.3 STREET ADDRESS	2060 Biscayne Blvd., Second Floor
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, Florida 33137-5024
TITLE	VO BRAMAN, NORMAN	3.1 TITLE	☒ Change ☐ Addition
NAME	1 INDIAN CREEK ISLAND	3.2 NAME	
STREET ADDRESS	MIAMI BCH FL	3.3 STREET ADDRESS	2060 Biscayne Boulevard, 2nd Floor
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, Florida 33137-5024
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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:  EDWARD LEIBOWITZ 3/19/98 813-969-3226

CR2E034 (10/97)