

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 # 643369 (2)  
1. Corporation Name  
BAHAMAS BEECH CORPORATION

Principal Place of Business  
145 HARBOR DRIVE  
MIAMI FL 33149

Mailing Address  
145 HARBOR DRIVE  
MIAMI FL 33149



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/25/1979	
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.	4. FEI Number 65-0351561		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

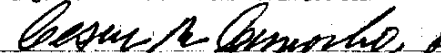
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CAMACHO, CESAR R 145 HARBOR DRIVE MIAMI FL 33149		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, JOHN G	1.2 NAME	
STREET ADDRESS	KING & GEORGE STS	1.3 STREET ADDRESS	
CITY-ST-ZIP	NASSAU, BAHAMAS	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVEN, SAMUEL P	2.2 NAME	
STREET ADDRESS	KING & GEORGE STS	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASSAU, BAHAMAS	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, VICTORIA P	3.2 NAME	
STREET ADDRESS	KING & GEORGE STS	3.3 STREET ADDRESS	
CITY-ST-ZIP	NASSAU, BAHAMAS	3.4 CITY-ST-ZIP	
TITLE	ASD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, RUSSELL N	4.2 NAME	
STREET ADDRESS	KING & GEORGE STS	4.3 STREET ADDRESS	
CITY-ST-ZIP	NASSAU, BAHAMAS	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, DONALD C	5.2 NAME	
STREET ADDRESS	KING & GEORGE STS	5.3 STREET ADDRESS	
CITY-ST-ZIP	NASSAU, BAHAMAS	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMACHO, CESAR	6.2 NAME	
STREET ADDRESS	240 E. FLAGLER ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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: 

CR2E034 (10/97)