SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** J45630 (7) BACI CONSULTANTS, INC. Mailing Address Principal Place of Business % EMANUEL GERSTEIN INC. % EMANUEL GERSTEIN INC. 44 COCOANUT ROW 44 COCOANUT ROW 3a. Date of Last Report PALM BEACH FL 33480 3. Date incorporated or Qualified PALM BEACH FL 33480 04/07/1995 12/05/1986 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 1551 FORUM PLACE 65-0038820 1551 FORUM PLACE 21 \$8.75 Additional Suite, Apt #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 300 -C 300-6 22 \$5,00 May Be 6. Election Campaign Financing City & State W. PALM BENEH. Added to Fees W. PALM BORCH, Trust Fund Contribution 23 8. This corporation has liability for intring-ble tax under s. 199.032 Country Zip Burn BEREN Yes No Florida Statutes YALM BOTH 38401 33401 29 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GERSTEIN, EMANUEL Street Address (P.O. Box Number is Not Acceptable) **44 COCOANUT ROW** R3 PALM BEACH FL 33480 Zip Code 85 84 City 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: Buy stere 1 Agent's gnature required when relostating) Signature, typical or printed many of might brief agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3.6)OFFICERS AND DIRECTORS 13. Change Addition 12. DELETE 1.1 TITLE TITLE CR2E034 1.2 NAME GERSTEIN, EMANUEL NAME 1.3 STREET ADORESS 44 COCOANUT ROW STREET ADDRESS 1.4 CITY - ST - ZIP PALM BEACH FL 33480 CITY - ST-ZIP SERGE LORGERY DELET 21101.8 TITLE W. farm Bonen, R. 2.2 NAME RASMUSSEN HOLLY NAME 2.3 STREET ADDRESS 44 COCOANUT ROW STREET ADDRESS 2 4 CHTY ST-700 PALM BEACH FL CITY - ST - ZIP Change Addition DELE1E 3.1 TITLE TITLE 3.2 NAM! NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 4.1 TillE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY ST-7P CITY - ST - ZIP Change Addition DELETE 5 1 11!LE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - S1-ZIP CITY-ST-ZIP Change Addition DELETE 61 WLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 effect of the confuration or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in plack 12 of Block 13 if changes for on an attachment with an address. 6.4 CITY - ST - ZIP 561-616-9800 Francel FINANCE SUSTEEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR