FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 31 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)K89669 BACI DA MILANO, INC. ITALIA Principal Place of Business Mailing Address 315 WEST 75TH PLACE 315 WEST 75TH PLACE HIALEAH FL 33014 HIALEAH FL 33014 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/22/1989 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0128442 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Žiρ Country Zιρ 8. This corporation owes or has paid the current year Intangible ☐ No 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TIAPAGO, MARCO 9710 SW 196 CR 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** 83 84 City 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 Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETE Addition TITLE 1.1 TITLE TIAPAGO, MARCO NAME 1.2 NAME 9710 SW 146TH CT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **GUERRA, LUIS** NAME 2.2 NAME 16423 NW 83RD PL STREET ADDRESS 2.3 STREET ADDRESS MIAMI LAKES FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP Change DELETE TITLE 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY - ST- ZIP DELETE Change 5.1 TITLE __ Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 3.3 CITY-ST-ZIP 5.4 CITY-ST-ZIP 200002474242°° DELETE Addition TITLE 6.1 TITLE

14. Thereby certify that the information symplical with this filling 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 symplemental 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 corporation or the corporation or the corporation of the (305) 362.4240

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

CIGNATURE: /

CITY-ST-ZIP

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***150.00