PR(CORPC ANNUAL	IOW: FILING FEIDFIT DRATION REPORT	FLORIDA DEPARTM Sandra B Secretary of DIVISION OF CO	MENT OF S1. Mortham of State	ATE			
DOCUM	ENT # K983	90 (3)					
1. Corporation Na BAXTER	SOUTH, INC.				1 10 11 10 11 10 10 10 10 10 10 10 10 10	184 1166 1416 1416 1416 1416	
Principal Place of Business Mailing Address 12190 S.W. 128TH STREET MIAMI FL 33186 Mailing Address 12190 S.W. 128TH STREET MIAMI FL 33186				3. Date incorporated or Qualified 04/26/1995 4. Et Number Applied For			t
2. Principal Place	e of Business	2a. Mailing Address			4. FEI Number 65-0128829	LL	Applicable
21	oto	26			5. Certificate of Status Desired	\$8.75 Ac	
Suite, Apt. #, 9	etc.	27			6. Election Campaign Financing	\$5.00 N	
City & State		City & State		Trust Fund Contribution	Added to		
Zip	Country	Zip	Country		This corporation has liability for Florida Statutes	intangible tax under s 19 s 🔲 No	9.032,
24	25		30		10. Name and Address of New I	Registered Agent	
	9. Name and Address of Cu	irrent Registered Agent	81	Name			
	AVOTEUR NIC		82	Street Add	dress (P.O. Box Number is Not Accepta	ble)	
MIAMI CORPORATE SYSTEMS, INC. 5200 BLUE LAGOON DR.					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
SUITE 700			83				n do
MAAN E1 23126			84			FL 85 Zp C	
11. Pursuant to or registere familiar with	the provisions of Sections 607 d agent, or both, in the State of n, and accept the obligations of,	Section 607.0505, Florida Statutes.			oration submits this statement for the pi ard of directors. I hereby accept the ap	DATE	
	Signature, typed or printed name of registers	Dagent and Month and table NOT SIAND DIRECTORS	13.	an any no men rector	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	S IN 12 Addition
12.	TI DELETE		1 1 TITLE		<u> </u>	Change Change	L'1 Magnion
TITLE	DT Garcia, Carlos M	1.2					
STREET ADDRESS	TO ALL JOSTIL OT			ET ADDRESS			
CITY-ST-ZIP	MIAMI FL	MIANN FI		- ST - ZIP		Change	Addition
THLE	DP	☐ DELETE	2 1 THU				
NAME	ESCALONA, JUSTO		2.2 NAM	ET ADDRESS			
STREET ADDRESS	A A A A A A A A A A A A A A A A A A A			1			
1	SHASH CI		2.4 CITY	· 51 - ZIP		Change	Addition

CR2E034 (12/95) CITY-ST-ZIP MIAMI FL DELETE TITLE CAPOTE, JAVIER NAME 3.3 STHEET ADDRESS 12190 S.W. 128TH STREET STREET ADDRESS 34 CHTY-ST-ZIP Change Addition MIAMI FL CITY-ST-ZIP DELETE 4 1 THILE TITLE 4.2 NAME ESCALONA, BETSY NAME 4.3 STREET ADDRESS 12190 S.W. 128TH STREET STREET ADDRESS 4.4 CITY - ST - ZIP Change Addition <u>miami Fl</u> CITY - ST-ZIP DELETE 5 1 TiTLE THTLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP ☐ Change ☐ Addition CITY - ST - ZIF DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 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 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 certify that I am an officer or director of the corporation or the receiver or trusted 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 attachnical with an address.

SIGNATURE:

JUSTO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JUSTO ESCALONA April 12, 1996 305-37

305-378-2500