

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Norman  
Secretary of State  
Tallahassee, Florida 32399-0001

APPROVED  
FILED

MAY 11 1995  
TALLAHASSEE, FLORIDA

DOCUMENT # **L10496** (2)

1. Corporate Name  
**BAY-DOTS CORP.**

Principal Place of Business  
**1474-A W. 84TH ST.  
HIALEAH FL 33014  
US**

Principal Address  
**1474-A W. 84TH ST.  
HIALEAH FL 33014  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/18/1989** 3b. Date of Last Report **06/16/1994**

4. FEI Number **65-0165565** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under § 194.032 Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

22. State App. # of

26. State App. # of

23. City & State

27. City & State

24. City

29. City

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OSMAN, L MICHAEL  
1474-A W. 84TH ST.  
HIALEAH FL 33014**

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 607.0105 and 607.0108, Florida Statutes, this 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, officers and the appointment as registered agent. I am hereby authorized to accept the obligations of section 607.0108, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

12.1 NAME: **DV VAZQUEZ, JULIAN**  
12.2 STREET ADDRESS: **5838 W 20TH AVE HIALEAH FL**  
12.3 CITY: **HIALEAH FL**

13.1 NAME:  Change  Addition  
13.2 STREET ADDRESS:  Change  Addition  
13.3 CITY:  Change  Addition

12.1 NAME: **PSD OSMAN, L MICHAEL**  
12.2 STREET ADDRESS: **1474-A W. 84TH ST. HIALEAH FL**  
12.3 CITY: **HIALEAH FL**

13.1 NAME:  Change  Addition  
13.2 STREET ADDRESS:  Change  Addition  
13.3 CITY:  Change  Addition

12.1 NAME: **V/D CRAIG A. OSMAN**  
12.2 STREET ADDRESS: **1474-A W. 84 ST. HIALEAH, FL. 33014**  
12.3 CITY: **HIALEAH FL**

13.1 NAME:  Change  Addition  
13.2 STREET ADDRESS:  Change  Addition  
13.3 CITY:  Change  Addition

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12.3 CITY:  Change  Addition

13.1 NAME:  Change  Addition  
13.2 STREET ADDRESS:  Change  Addition  
13.3 CITY:  Change  Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 194.032(1)(b), Florida Statutes. Further, I certify that the information included 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 of this report or on an attachment with an address.

SIGNATURE: Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-95 305-823-1401  
Date Expires