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Jan 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10496 (2)

1. Corporation Name
BAY-DOTS CORP.

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

Mailing Address
1474-A W. 84TH ST.
HIALEAH FL 33014-3363
US

3. Date Incorporated or Qualified 08/18/1989
3a. Date of Last Report 03/07/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 65-0165565
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24

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29

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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 607.0502 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 of officer or president of the corporation and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
VZQUEZ, JULIAN
STREET ADDRESS
16933 NW 69TH AVENUE
CITY-ST-ZIP
MIAMI FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
OSMAN, L MICHAEL
STREET ADDRESS
1474-A W. 84TH ST.
CITY-ST-ZIP
HIALEAH FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
OSMAN, CRAIG A
STREET ADDRESS
1474 A W 84 STREET
CITY-ST-ZIP
HIALEAH FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME
D V
Ty. H. OSMAN
STREET ADDRESS
9129 Saddlebow Drive
CITY-ST-ZIP
Brentwood, Tn. 37027

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0120877

CR2E034 (9/96)