2nd and File on or before Sept. 30, 1998 or Limited Liability Company will be FINAL NOTICE: dissolved, if dissolved, minimum amount due to reinstate: \$688.75 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 98 AUG -6 PM 2: 55 1998 DIVISION OF CORPORATIONS Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 588.75 Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000183 1a. Principal Place of Business Address BAYWEST HOLDINGS, L.C. 5332 HIGHWAY NO. 7, 2ND FLOOR % 2001 SOUTH SURF ROAD WOODBRIDGE, ONTARIO CANADA L4L 1T3 APT. 7-D HOLLYWOOD BEACH FL 33019 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 02/14/1996 4. FEI Number FLSuite, Apt. #, etc. Suite, Apl. #, etc. Applied For City & State City & State Not Applicable 98-0164939 5. Date of Last Report 6. Certificate of Status Desired Country Country Zip S8 75 Addit shall be Hequired 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent HKE&F REGISTERED AGENT CORP. HKE&F REGISTERED AGE, NT CORP. Street Address (P.O. Box Number is Not Acceptable) 2601 S. BAYSHORE DRIVE SUITE 600 Suite, Apt. #, etc. MIAMI FL 33133 City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the pur its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE __ (Registered Agent According Appointment) (NOTE, Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code WOODBRIDGE, ONTARIO SAMUEL F. INVESTMENT, 5332 HIGHWAY #7 MGRM 100002612271--****588.75 ****588.75

1. Ido 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address

ير:SIGNATURE

HEADO DE DOMERNING NAME OF SIGNING MANAGING MEMBER OR MANAGER

905) 8508