File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAY 17 PM 4: 49 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SEGNERÁNT A STÁTA TALLAHASSEE, H ONIVA Name and Mailing Address of Limited Liability Company **DOCUMENT #** L9600000183 BAYWEST HOLDINGS, L.C. 5332 HIGHWAY NO. 7, 2ND FLOOR 1a. Principal Place of Business Address % 2001 SOUTH SURF ROAD WOODBRIDGE, ONTARIO APT. 7-D CANADA L4L 1T3 HOLLYWOOD BEACH FL 33019 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 5332 Highway No.7 2nd Floor 02/14/1996 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State 98-0164939 Not Applicable Woodbridge, Ontario 5. Date of Last Report 6. Certificate of Status Desired Zιp Country **CANADA** \$8.75 Additional Fee Required L4L 1T3 08/06/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office EKEEF REGISTERED AGE, NT CORP. 2601 S. BAYSHORE DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 600 MIAMI FL 33133 Suite, Apl. #, etc. 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 purpose of changing 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. Thereby accept the appointment as registered agent, and accept the obligations. DATE SIGNATURE _ (Begistered Agent Accipiling April Library) (NEME Begistered Agents graftle regimed when to distribute 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM SAMUEL F. INVESTMENT, 5332 HIGHWAY #7 WOODBRIDGE, ONTARIO 7/mnon2883157----05/24/99--01001--008 ****188.75 ****188,7 11 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 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. H1X126/94 SIGNATURE:

IBB CMANACION CARAMAN - CHEMISTRA DE

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