

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M14127** (8)

1. Corporation Name  
**BUY & BYE, INC.**



Principal Place of Business <b>1020 ALEGRIANO AVENUE CORAL GABLES FL 33146</b>	Mailing Address <b>1020 ALEGRIANO AVENUE CORAL GABLES FL 33146-1402</b>
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2. Principal Place of Business <b>4714 ALHAMBRA CIRCLE</b>		2a. Mailing Address <b>SAME</b>		3. Date Incorporated or Qualified <b>04/18/1985</b>	3a. Date of Last Report <b>04/25/1996</b>
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2657273</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State <b>CORAL GABLES FL</b>		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip <b>33146-1406</b>		28 Country <b>DADE</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>VANGROLL, JAAP 1328 ALEGRIANO AVENUE CORAL GABLES FL 33146</b>				10. Name and Address of <del>the</del> Registered Agent	
81 Name <b>SAME</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>4714 ALHAMBRA CIRCLE</b>	
83				84 <b>CORAL GABLES FL</b>	
85				86 <b>33146</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>VANGROLL, JAAP</b>			1.2 NAME	<b>SEE BLOCK 2)</b>		
STREET ADDRESS	<b>1328 ALEGRIANO AVE</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CORAL GABLES FL</b>			1.4 CITY-ST-ZIP			
TITLE	<b>TS</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>VANGROLL, MARY-CLAIRE W.</b>			2.2 NAME	<b>SEE BLOCK 2)</b>		
STREET ADDRESS	<b>1328 ALEGRIANO AVE</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CORAL GABLES FL</b>			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 as an attachment with an address.

SIGNATURE: *Jaap Vangroll* J. VANGROLL 4/14/97 305 665-4377  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)