

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

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Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M38135** (3)

1. Corporation Name
B & Y INTERNATIONAL INC.



Principal Place of Business % JOSEPH L. FISHER 1501 VENERA AVENUE, SUITE 225. CORAL GABLES FL 33146	Mailing Address % JOSEPH L. FISHER 1501 VENERA AVENUE, SUITE 225. CORAL GABLES FL 33146-3032
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3. Date Incorporated or Qualified 09/10/1986	3a. Date of Last Report 06/12/1996
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2. Principal Place of Business 21 520 Brickell Key Drive Suite, Apt. #, etc. 22 Suite 0-305 City & State 23 Miami, Florida Zip 24 33131 Country 25 USA	2a. Mailing Address 26 520 Brickell Key Drive Suite, Apt. #, etc. 27 Suite 0-305 City & State 28 Miami, Florida Zip 29 33131 Country 30 USA	4. FEI Number 59-2723316 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**FISHER, JOSEPH L.
1501 VENERA AVENUE, SUITE 225
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name Freeman Buttermann & Haber
82 Street Address (P.O. Box Number is Not Acceptable) 520 Brickell Key Drive, Suite 0-305
83
84 City Miami
85 Zip Code FL 33131

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]* **Stefan Freeman** DATE **3/30/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARCLAY, JORGE 600 BILTMORE WAY #514 CORAL GABLES FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Yvonne Barclay President/Director 520 Brickell Key Drive, Suite 0-305 Miami, Florida 33131 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Yvonne Barclay**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 31 445-9029
Date Daytime Phone #

CR2E034 (9/96)