

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002196

1. Corporation Name

BAUNIC INC.

Principal Place of Business 1728 WEST FLAGLER ST. MIAMI FL 33138	Mailing Address 1728 WEST FLAGLER ST. MIAMI FL 33138
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 04/18/1997	4. FEI Number 65-0762227	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	

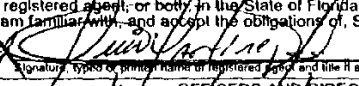
9. Name and Address of Current Registered Agent

VALDIVIA, EXEQUIEL
3560 EAST 8 CT
HIALEAH, FL 33013

10. Name and Address of New Registered Agent

81 Name	LUIS MARTINEZ
82 Street Address (P.O. Box Number is Not Acceptable)	5169 N.W. 74 AVE
83 MIAMI, FL	33166
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: 

(NOTE: Registered Agent signature required when reinstating)

DATE

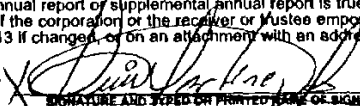
12. OFFICERS AND DIRECTORS

TITLE	D/P	☐ DELETE
NAME	MARTINEZ LUIS	
STREET ADDRESS	1955 SW 111 AVE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D/V/S	☒ DELETE
NAME	VALDIVIA EXEQUIEL	
STREET ADDRESS	3560 EAST 8TH COURT	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	D/S	☐ DELETE
NAME	CASTELLON SALVADOR	
STREET ADDRESS	1890 NW 19TH STREET	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	D/T	☒ DELETE
NAME	COLEGIAL MARVIN	
STREET ADDRESS	3143 SW 21 STREET	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Add
1.2 NAME		
1.3 STREET ADDRESS	5169 NW 74 AVE	
1.4 CITY-ST-ZIP	MIAMI FL 33166	
2.1 TITLE	D/V/S	☒ Change ☐ Add
2.2 NAME	EVENOR A. MEDAL	
2.3 STREET ADDRESS	20100 SW 112 PL	
2.4 CITY-ST-ZIP	MIAMI FL 33189	
3.1 TITLE		☐ Change ☐ Add
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D/T	☒ Change ☐ Add
4.2 NAME	PAULA XIOMARA JIMENEZ DE MADRIZ	
4.3 STREET ADDRESS	17723 SW 145 AVE	
4.4 CITY-ST-ZIP	MIAMI FL 33177	
5.1 TITLE		☐ Change ☐ Add
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Add
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 recorder or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND STAMP ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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