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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUN 10 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **N97000002196**

Corporation Name
BAUNIC INC.

Principal Place of Business	Mailing Address
1728 WEST FLAGLER ST. MIAMI FL 33138	1728 WEST FLAGLER ST. MIAMI FL 33138

[redacted]

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	26	04/18/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number: 65-0762227 ☐ Applied For ☐ Not Applicable
	27	
City & State	City & State	5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
	28	
Zip / Country	Zip / Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
25	29 / 30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VALDIVIA, EXEQUIEL 3560 EAST 8 CT. HIALEAH FL 33013	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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: EXEQUIEL F. VALDIVIA 03-12-1999
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☑ DELETE	13.1 TITLE	P ☐ Change ☐ Addition
NAME	MARTINEZ, LUIS	13.2 NAME	ROGER CASTANO
STREET ADDRESS	4955 SW 111 AVE.	13.3 STREET ADDRESS	1728 W FLAGLER ST
CITY-ST-ZIP	MIAMI FL 33165	13.4 CITY-ST-ZIP	MIAMI FL 33138
TITLE	V/S ☐ DELETE	14.1 TITLE	☐ Change ☐ Addition
NAME	VALDIVIA, EXEQUIEL	14.2 NAME	SAME
STREET ADDRESS	3560 EAST 8TH COURT	14.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013	14.4 CITY-ST-ZIP	
TITLE	S ☑ DELETE	15.1 TITLE	S ☐ Change ☐ Addition
NAME	CASTELLON, SALVADOR	15.2 NAME	RICARDO MEDINA
STREET ADDRESS	1890 NW 19TH STEET	15.3 STREET ADDRESS	1728 W FLAGLER ST.
CITY-ST-ZIP	MIAMI FL 33125	15.4 CITY-ST-ZIP	MIAMI FL 33138
TITLE	T ☐ DELETE	16.1 TITLE	☐ Change ☐ Addition
NAME	COLEGIAL, MARVIN	16.2 NAME	SAME
STREET ADDRESS	3143 SW 21 STREET	16.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	16.4 CITY-ST-ZIP	
TITLE	☐ DELETE	17.1 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME	400002902984--6	17.2 NAME	ROBERTO LOPEZ
STREET ADDRESS	-06/14/99--01009--017	17.3 STREET ADDRESS	1728 W FLAGLER ST.
CITY-ST-ZIP	******8.75 ******8.75	17.4 CITY-ST-ZIP	MIAMI FL 33138
TITLE	☐ DELETE	18.1 TITLE (DIRECTOR)	MELBA UCCIA ☐ Change ☐ Addition
NAME	400002902984--6	18.2 NAME	
STREET ADDRESS	-06/14/99--01009--018	18.3 STREET ADDRESS	1728 W FLAGLER ST.
CITY-ST-ZIP	*****61.25 *****61.25	18.4 CITY-ST-ZIP	MIAMI FL 33138

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 receiver 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: EXEQUIEL F. VALDIVIA 03-12-1999 (305) 693-3663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

643-0965