

05-21-2002 90892 031 ***158.75

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

97131

DOCUMENT # **PO1000119428**
 1. Entity Name
BAY DRIVE XXXI, CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc:
 City & State:
 Zip Country

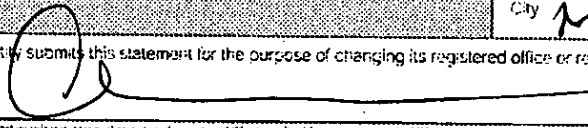
3. Mailing Address
2742 Biscayne Blvd
 Suite, Apt. #, etc:
 City & State:
Miami FL
 Zip Country
33137 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
 Name **OSCAR BRISALES-BACINI**
 Street Address (P.O. Box Number is Not Acceptable)
999 Brickell Avenue
Suite 700
 City **Miami** FL Zip Code **33131**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE  **04/23/2002**
Signature typed or printed name of registered agent and UBR filer acceptable (NOTE: Registered Agent signature required when changing) DATE

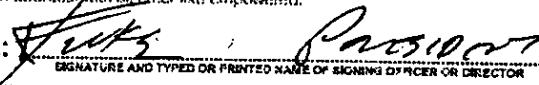
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 January 1 - July 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE	PD	TITLE	
NAME	Eduardo Moises Fuks	NAME	
STREET ADDRESS	1001 Brickell Bay Dr #2600	STREET ADDRESS	
CITY-STATE-ZIP	Miami FL 33131	CITY-STATE-ZIP	
TITLE	VP	TITLE	
NAME	Hector Daniel Kogan	NAME	
STREET ADDRESS	1001 Brickell Bay Dr #2600	STREET ADDRESS	
CITY-STATE-ZIP	Miami FL 33131	CITY-STATE-ZIP	
TITLE	SO	TITLE	
NAME	Hector Daniel Kogan	NAME	
STREET ADDRESS	1001 Brickell Bay Dr #2600	STREET ADDRESS	
CITY-STATE-ZIP	Miami FL 33131	CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or on an attachment with an address with all other like empowerment.
 SIGNATURE:  **04/23/2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE