CORPORATION
ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
94 AUG -8 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P35135 (3)

1. Corporation Name
BAYLAND, LTD. INC.

Mailing Address
P.O. BOX 1876
HAMILTON HMHX BURMUDA

Principal Place of Business
P.O. BOX 1876
HAMILTON HMHX BURMUDA

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/16/1991
3a. Date of Last Report: 07/23/1993

2. Mailing Address (21)
2a. Principal Place of Business (26)
4. FEI Number: 52-1303169 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired: $8.75 Additional Fee Required ☐
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
City & State (23) (28)
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and the capacity) (NOTE: Registered Agent signature required when applicable) (Date)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P/C/D	11 TITLE	
12 NAME	DAVISON, MORMAN M.	12 NAME	
13 STREET ADDRESS	DEVONDALE, S. DEVONDALE	13 STREET ADDRESS	
14 CITY ST ZIP	DEVONSHIRE, BERMUDA	14 CITY ST ZIP	
21 TITLE	V/D	21 TITLE	
22 NAME	DAVISON, RACHEL I.	22 NAME	
23 STREET ADDRESS	DEVONDALE, S. DEVONDALE	23 STREET ADDRESS	
24 CITY ST ZIP	DEVONSHIRE, BERMUDA	24 CITY ST ZIP	
31 TITLE	S/T	31 TITLE	S/T
32 NAME	BRIERS, MARK A.	32 NAME	RILEY JAMES MARTIN
33 STREET ADDRESS	2 BOSS'S COVE ROAD	33 STREET ADDRESS	24 VALLEY HIGHTS ROAD
34 CITY ST ZIP	PEMBROKE, BERMUDA	34 CITY ST ZIP	DEVONSHIRE, BERMUDA.
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] JAMES M. RILEY 14/6/94 809 292 1556
SIGNATURE AND PRINTED NAME OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)