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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200001444 (8)

1. Corporation BAYVIE	n Name WEQUI	ΓIES			71444 (0	-,					
Principal Place of Business Mailing Address										-	
3032 E. COMMERCIAL BLVD. 3032 E. COMMERCIAL BLVD.											
STE. #500 STE. #500										DO NOT WRITE IN THE CRACE	
FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 US									DO NOT WRITE IN THIS SPACE		
us us									3. Date Incorporated or Qualified 10/28/1992		
2. Principal Pi	2. Principal Place of Business 2a. Mailing Address									4. FEI Number Applied For	
21					26					65-0405048 Not Applicable	
Sulte, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired	
City & State	ө				City & State					6. Election Campaign Financing \$5.00 May Be	
23					28					Trust Fund Contribution Added to Fees	
	Zip Country			\vdash	Zip Coul			/		8. This corporation owes or has paid the current year Intangible	
24	25 29 30 9. Name and Address of Current Registered Agent				l	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					
74				an negr	stered Agent		81	Ιĸ	Name	IV. Hallie allu Address di New Registered Agent	
	OUI, GERA										
3032 E. COMMERCIAL BLVD. SUITE 500							82	82 Street Address (P.O. Box Number is Not Acceptable)			
FT. LUADERDALE FL 33308							83	+			
THE EQUIDALE TE GOOD											
							84	'	City FL 85 Zip Code		
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 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and life if applicable. (Note: Registered Agent signature required when reinstating) DATE											
12.	PTSD		OFFICENS AI	NO DINE	DELETE		1.1 TITLE		T	Change Addition	
NAME		GES	ARD C.				1.2 NAME			Enail Vitaligo	
TORRE COMMEDOIAL DIAD AFOR								1.3 STREET ADDRESS			
CITY-ST-ZIP FT. LAUDERDALE FL 33308							1.4 CITY-ST-ZIP				
TITLE		-			☐ DELETE		2.1 TITLE			Change Addition	
NAME							2.2 NAME				
STREET ADDRESS							2.3 STREET	T ADI	DRESS		
CITY-ST-ZIP							2. 4 CITY - ST - ZIP				
TITLE					☐ DELETE		3.1 TITLE			Change Addition	
NAME							3.2 NAME				
STREET ADDRESS							3.3 STREET ADDRESS		DRESS		
CITY-ST-ZIP	December 1						3.4. City-St-ZiP		ZIP		
TITLE					☐ DELET e		4.1 TITLE			Change Addition	
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STREET ADDRESS							4.3 STREET				
						4.4 CITY-ST-ZIP 5.1 THLE		(P	Change Addition		
NAME							5.2 NAME			viaings recontor	
STREET ADDRESS							5.3 STREET	t ADI	DRESS		
CITY-ST-ZIP							5.4 CHY-S				
TITLE	-				DELETE		6.1 TITLE	v1 - 4		☐ Change ☐ Addition	
NAME							6.2 NAME			- -	
STREET ADDRESS							63 STREET		DRESS		
CITY-ST-ZIP							6.4 CHTY-5				

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with emaddress.

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FILED

May 01 1998 8:00am

Secretary of State