FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 AM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000005039 (2)**

1. Corporation Name
BABA CORPORATION

Principal Place of Business	Mailing Address
1497 N.W. 7TH ST. MIAMI FL 33125	1497 N.W. 7TH ST. MIAMI FL 33125

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/16/1992
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address
21 1491 NW 7 Street	26 1491 NW 7 Street
Suite, Apt. #, etc. 22 Ste. NO. 1	Suite, Apt. #, etc. 27 Ste. NO. 1
City & State 23 Miami, FL	City & State 28 miami, fl
Zip / Country 24 33125 / 25 U.S.A.	Zip / Country 29 33125 / 30 U.S.A.

4. FEI Number: 65-0374821 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GONSHAK, BRETT A 1497 N.W. 7TH ST. MIAMI FL 33125	81 Name: BRETT A. GONSHAK 82 Street Address (P.O. Box Number is Not Acceptable): 1491 NW 7TH STREET 83 84 City: Miami, FL 85 Zip Code: 33125

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 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, Florida Statutes.

SIGNATURE: Brett A. Gonshak 4/15/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	GONSHAK, BRETT A	1.2 NAME	GONSHAK, BRETT A.	
STREET ADDRESS	1497 N.W. 7TH ST.	1.3 STREET ADDRESS	1491 NW 7 STREET	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	miami, FL. 33125	
TITLE	S	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	GONSHAK, EVAN J	2.2 NAME	GONSHAK, EVAN J.	
STREET ADDRESS	1497 NW 7 ST.	2.3 STREET ADDRESS	1491 NW 7 STREET	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	miami, FL. 33125	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Brett A. Gonshak 4/14/95 (305) 642-0722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Brett A. Gonshak, President

01P0601 CP