FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

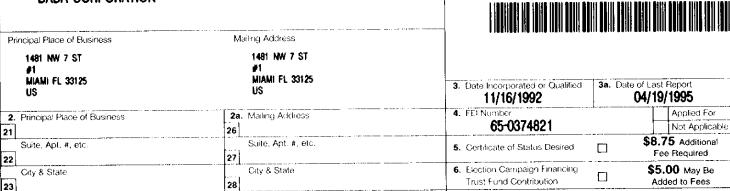
P92000005039 (2)

Zın

29

Corporation Name

BABA CORPORATION



30

GONSHAK, BRETT A 1481 NW 7TH ST MIAMI FL 33125

24

Country

9. Name and Address of Current Registered Agent

25

ountr _?	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 💢 Yes 🗋 No				
Τ	10. Name and Address of New Registered Agent				
8	Name				
82	Street Address (P.O. Box Number is Not Acceptable)				
83					
84	City 85 Zip Code				

11. Pursuant to or registered familiar with.	the provisions of Sections 607 0602 a Lagent, or both, in the State of Florida and accept the obligations of Sectio	and 607.1508. Florida Statutes n. Such Chinge was a lingui ex n.697.9735, Florida Statutes.	the above named corpora by the corporation's board	ation submits this statement for the purpose of changing its registered office d of directors. Thereby accept the appointment as registered agent. I am
SIGNATURE	parties hyper of points I reason or beginning and a	Sauce (NOTE	Bugistianal Agrant signature required	
12.	OFFICE S AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1. 1 TITL	Change Addition
NAME	Gonshak, Brett a		1.2 NAM	
STREET ADDRESS	1481 NW 7 STREET		1.3 STRE 1 ADDRESS	
CITY - ST - ZIP	MIAMI FL		14 City St-7 P	
TiTLE	SD	☐ DELETE	2 STICL	Change Addition
NAME	Gonshak, Evan J		2.2 NAM	
STREET ADDRESS	1481 NW 7TH ST		2.3 STREET AUDRESS	
CHTY-ST-ZIP	MIAMI FL		2.4 City St ZiF	
THILE		☐ DELFTE	3 1 TiffL:	Change Addition
NAME			3.2 NAM	
STREET ADDRESS			3.3 STR ET ADDRESS	
CITY - ST - ZIP			3.4 City -S1-Zip	
TITLE		DELETE	4 1 TII ₁ =	Change Addition
NAME			4 2 NAN	
STREET ADDRESS			4.3 STR: ET ADDRESS	
CITY - ST - ZIP			4.4 City - St - Z.P	
TITLE		☐ DELFTE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAN E	
STREET ADDRESS			53 SFR ET ADDRESS	
CITY-ST-ZIP			5.4.C(1) - \$1 - Z(P	
TITLE		☐ DELFTE	6 1 TIF F	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			63 STRIET ADDRESS	
CITY-SI-ZIP			6.4 CHT -ST 7P	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and o ses not qualify for the exemption stated in Section 119.07(3)(k). 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 of fustee empowers the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with a address

SIGNATURE:

4/23/96 (305) 642-0722