

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92066011715**

1. Corporation Name

BAILEY & BECKER, INC.

Principal Place of Business

Mailing Address

9008 Great Heron Circle
Orlando, FL 32836

c/o Research Mgmt. Corp.
104 Crandon Blvd., #300
Key Biscayne, FL 33149

3. Date Incorporated or Qualified

12/15/92

3a. Date of Last Report

4/96

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-3191301

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

8. 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

Jorssell, Joacarlos
3138 Commodore Plaza
Suite 7
Coconut Grove, Florida 33133

81 Name

Research Management Corporation

82 Street Address (P.O. Box Number is Not Acceptable)

104 Crandon Boulevard

83

Suite #300

84

Key Biscayne,

FL

85

Zip Code
33149

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

Joy McKenna

(NOTE: Registered Agent signature required when reinstating)

4/3/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☐ DELETE
12 NAME AURIEMO, CAIO ROBERTO
13 STREET ADDRESS 104 CRANDON BOULEVARD, #300
14 CITY-ST-ZIP KEY BISCAIYNE, FL 33149

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE S ☐ DELETE
22 NAME AURIEMO, DULCE M.
23 STREET ADDRESS 104 CRANDON BOULEVARD, #300
24 CITY-ST-ZIP KEY BISCAIYNE, FL 33149

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ DELETE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ DELETE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ DELETE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ DELETE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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 included 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97

Date

305-361-2555

Daytime Phone #

CR2E034 (9/96)