SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P93000033916 (6)

1. Corporation Name

THE BAYLIS CORPORATION

Principal Place of Business	Mailing Address
1680 MERIDIAN AVE STE 204 MIAMI BEACH FL 33139 US	1680 MERIDIAN AVE STE 204 MIAMI BEACH FL 33139 US

2. Principal Place of Business
21
22 Suite, Apt #, etc. Suite 10
23 City & State Miami Beach
24 Zip 33139
25 Country Dade

2a. Mailing Address
26 505 12th street
27 Suite Apt #, etc.
28 City & State FL
29 Zip
30 Country Dade

3. Date Incorporated or Qualified: 05/06/1993
3a. Date of Last Report: 04/11/1995
4. FEI Number: 65-0412663 — 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

B & C CORPORATE SERVICES INC
175 NW FIRST AVE SUITE 2000
COURT HOUSE CENTER
MIAMI FL 33128-9965

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, 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	HOLM, PAUL	
STREET ADDRESS	1680 MERIDIAN AVE STE 204	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VP	☐ DELETE
NAME	HOLM, SIDONIUS	
STREET ADDRESS	1680 MERIDIAN AVE STE 204	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VP	☐ DELETE
NAME	HOLM, THOMAS	
STREET ADDRESS	1680 MERIDIAN AVE STE 204	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	ST	☐ DELETE
NAME	KAUDERER, MALLORY	
STREET ADDRESS	1680 MERIDIAN AVE, #204	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

CR2E034 (3/96)

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)(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 or trustee empowered to execute this report as required by 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0047567 CP