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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000072961 (4)

BAJA C	ANTINA, INC.						
Principal Place	e of Business	Mailing Address	ling Address			OUTSE LEGEN TIESE CRITT DISP	140) 100)
		2399 NORTH FEDERAL HV BOCA RATON FL 33431-77					
					Date Incorporated or Qualified 10/20/1993	3a. Date of Last R 05/01/1996	eport
	lace of Business	2a. Mailing Address			4. FEI Number	⊢	oplied For
21	4	26			65-0439396		ot Applicable
Suite, Apt. #, etc 27		Suite, Apt. #, etc.	¬ '''		5. Certificate of Status Desired	□ \$8.75 / Fee Re	
City & State		City & State	4l		6. Election Campaign Financing	\$5.00	May Be
23		28	28		Trust Fund Contribution	Added Added	
Ζιρ	Country	Zip	Country		8. This corporation has liability for it		. 199.032
24	25	29	30			Yes No	
ATE	9. Name and Address of Curre	nt Registered Agent	81 1	Name	10. Name and Address of New Reg	Jisterea Agent	
	VEN BLACK		["']	Name			
2399 N. FEDERAL HWY STE 275			82 3	Street Addr	ess (P.O. Box Number is Not Acceptab	le)	
	CA RATON FL 33432		83				
ВОС	A RATUR PL 33432						
			84	City		FL 85 Zip	Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	authorized by th	amed corp ne corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of changing it the appointment as	s registered registered
			E: Flegislered Agent s	signature require		DATE	
12.	OFFICERS AN	ND DIRECTORS 13,			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR Change	RS IN 12 Addition
TITLE		A AN ATTICAL D				C) Change	L. Addition
NAME STREET ADDRESS	2399 NORTH FEDERAL HWY.		1.2 NAME 1.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP				
TITLE			2 1 TITLE			☐ Change	Addition
NAME	NUMBER OF PAY		2.2 NAME			_ •	
STREET ADDRESS	2399 NORTH FEDERAL HWY.		23 STREET AD	DRESS	• · · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP	BOCA RATON FL		2 4 CITY-ST-ZIP				
TITLE	DELETE 3:		3.1 TITLE			Change	Addition
NAME	32		3.2 NAME	1			
STREE1 ADDRESS	3:		3.3 STREET AD	Dress			
CITY - ST - ZIP	3		3.4. CITY - ST -	ZIP			
TITLE	☐ DELETE 4.1		4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET AD	DRESS			
CITY-SI-ZIP			4.4 CITY - \$T - 1	ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE			5.1 TITLE		•	☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	E		5.3 STREET AD	- 1			
CITY-ST-ZIP		DELETE	5.4 CITY - S1 - 1	ZIP		Change	Addition
TITLE		☐ DELETE	61 TITLE			: Cit Citalige	U VOOIDOU
NAME CLOSET ADODESCO			6.2 NAME	DOLLO			
STREET ADDRESS			6.3 STREET AD	i			
CiTY-ST-ZIP			6.4 CITY-ST-7	III			

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 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN BLACK

PRES 1

1/7/97 391-530

FILED

Jan 22 1997 8:00am

Secretary of State

ime Phone #