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 POCUMENT # P94000011750 (4) BUY EASY, INC.

FILED Apr 25 1997 8:00am Secretary of State



Principal Place of Business 700 W, \$3 TERRACE HIALEAH FL 33012 2. Principal Place of Business 28. Mailing Address 29. Mailing Address 21. 1763 W 79 Lt Suite, Apt. #, etc. 21. 1763 W 79 Lt Suite, Apt. #, etc. 22. 1/10/50 H City & State 23. Zip Zip Country 25. UP De 29. Name and Address of Current Registered Agent LORENZO, ANTONIO L 700 W, \$3 TERRACE HIALEAH FL 33012 81. Name 82. Street Address 83. Registered Agent 84. City									
						 Date Incorporated or Qualified 02/11/1994 	3a. Date	of Last 1/1996	
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number	03/2-	· , , , , ,	Applied For
21 176	3 W 79 K	26				65-0567586			Vot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired			П	*	Additional
	City & State City & State								Required
City & State	3	28				Election Campaign Financing Trust Fund Contribution	П		0 May Be d to Fees
	Country	Zip	Coun	ntry		8. This corporation has liability for in			
Zip 33014 25 UADE		29	30				Yes 🗌		
	9. Name and Address of Currer	t Registered Agent		B1		10. Name and Address of New Reg	distered A	ent	
LORENZO, ANTONIO L 700 W. 53 TERRACE				•	Name				
HIALEAH FL 33012				B2	Street Addre	Address (P.O. Box Number is Not Acceptable)			
111/16	EALL F GOOLF		Į	В3					
,				B4	City			05 7ie	- Codo
				P4	City		FL	85 Zip	Code
12.	Signature, typed or printed name of registered agr OFFICERS AN	DIDIRECTORS	13.		a signature require	d when relistating) ADDITIONS/CHANGES TO OFFIC			
TITLE	VD	DELFTE	1.1 1111	F		7,50111011070111111020110		Change	
NAME	LORENZO, ANTONIO L		1.2 NAN	Æ	ļ				
STREET ADDRESS	1763 W 79 ST HIALEAH FL		1.3 S1R	EE1 A	ADDRESS				
CITY-ST-ZIP TITLE	TIPLEAN FL	DELETE	1.4 CITY 2 1 TITL		- ZIP			Change	Additio
NAME		DILLIE	2 1 IIIL 2 2 NAN		}		L	Unany:	Addition
STREET ADDRESS					NODRESS				
CITY-ST-ZIP			2. 4 CIT	Y-SI	- ZIP				
TITLE		DELETE	3.1 1/11					Change	Additio
NAME			3.2 NAM						
STREET ADDRESS					ADDRESS				
TITLE	DELETE			3.4. CITY-ST-7IP 4.1 TITLE			Ε	Change	Addition
NAME			4 2 NA	MÉ					
STREET ADDRESS			4.3 S1R	EEFA	ODRESS				
CITY-ST-ZIP		T Druce	4.4.0(1)		- ZIP			1 6	A2490
TITLE		DELETE	5.1 111t				L	Change	Addition
NAME STREET ADDRESS			5.2 NAM 5.3 STRI		DDRESS				
CITY-ST-ZIP			5.4 CHY						
TITLE		DELETE	61 TITL					Change	Addition
NAME			6.2 NAN	ÆΕ					
STREET ADDRESS			ı		DDRESS				
CITY-ST-ZIP			6.4 CHY	<u> </u>	- 2IP				

I do hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or true tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attention with an address.