FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 26 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000016260 (9)**

1. Corporation Name

BALI INTERNATIONAL CORP.

Principal Place of Business	Mailing Address
135 N.E. 40TH STREET MIAMI FL 33137	135 N.E. 40TH STREET MIAMI FL 33137

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/01/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 4838 PEWE TREE DR
22: Suite, Apt. #, etc.
23: MEAMI BEACH FLORIDA
24: Zip 33140
25: Country USA

2a. Mailing Address
26: 4838 PEWE TREE DR
27: Suite, Apt. #, etc.
28: MEAMI BEACH FLORIDA
29: Zip 33140
30: Country

4. FEI Number: 65-0472437 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LIMA, MARCOS B
135 N.E. 40TH STREET
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name: MARCOS B LIMA
82 Street Address (P.O. Box Number is Not Acceptable): 4838 PEWE TREE DR
83:
84 City: MEAMI BEACH FL 85 Zip Code: 33140

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: MBL
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	LIMA, MARCOS B	1.2 NAME		
STREET ADDRESS	5161 COLLINS AVENUE APT. 1412	1.3 STREET ADDRESS	4838 PEWE TREE DR	
CITY-ST-ZIP	MIAMI FL 33140	1.4 CITY-ST-ZIP	MEAMI BEACH FL 33140	
TITLE	~~VP~~	2.1 TITLE		☒ Change ☐ Addition
NAME	~~LIMA, DALVARO B~~	2.2 NAME		
STREET ADDRESS	~~5161 COLLINS AVENUE APT. 1412~~	2.3 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL 33140~~	2.4 CITY-ST-ZIP		
TITLE	~~SD~~	3.1 TITLE		☒ Change ☐ Addition
NAME	~~LIMA, NAIR B~~	3.2 NAME		
STREET ADDRESS	~~5161 COLLINS AVENUE APT. 1412~~	3.3 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL 33140~~	3.4 CITY-ST-ZIP		
TITLE	~~TD~~	4.1 TITLE		☒ Change ☐ Addition
NAME	~~DOMINGO, FERNANDA B~~	4.2 NAME		
STREET ADDRESS	~~5161 COLLINS AVENUE APT 1412~~	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL 33140~~	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: MBL President. 2-16-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARCOS B. LIMA.

0144146 CP