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PROFIT CORPORATION ANNUAL REPORT

1996



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

JIM I	on Name BAY DESI	GNS, INC.)46127 (,)(8 8)44	18: [] 28::: •	1818 BINE:	
Principal Place of Business Mailing Address												
9740 SW 123 ST 9740 SW 123 ST MIAMI FL 33176 MIAMI FL 33176												
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2. Principal F	-ace or Busin	ess	26 26	Mailing Address				4. FEI Number				Applied For
Suite, Apt.	#, etc.		- 20	Suite, Apt. #, etc.				65-0501904			***	Not Applicable
2 2 2 2			27					5. Certificate of Status Desired	i			5 Additional Required
City & Stat	te			City & State				6. Election Campaign Financin				00 May Be
Zip		Country	28	Zip	Court			Trust Fund Contribution		LJ	Add	ed to Fees
4		25	29		30 Cour	itry		8. This corporation has liability Florida Statutes	for inte		k under s	199.032,
	9. Name	and Address of Curre	ent Regis	stered Agent				10. Name and Address of Ne			gent	·
PD 1 40					ľ	81 Na	ne		-			····
BRASI	NGTON, JO	HN L JR.			1	82 Str	et Addre	ess (P.O. Box Number is Not Accep	otable)			
9740 SW 123 ST Miami Fl 33176							rodioss (F.C. box Number is Not Acceptable)					
ININ-MAIL	FL 3317B				['	83						
					I .	B4 City					85 Z	ip Code
11. Pursuant	to the provisi	ens of Sections \$02.050)2 and 60			4				FL	<u> </u>	
Or register			Z and	97.150N, Florida Statu	tes, the abov	e-name	corpora	tion submits this statement for the	Duroo	00.01.050		
or register familiar wi	rect agent, or th, and accep	both, in the State of Flor of the obligations of, Sec	rida. Such ction 607.	7,150%, Florida Statu n change was authori 0505, Florida Statute	tes, the abov zed by the co s.	e-nameo rporatio	d corpora n's board	tion submits this statement for the lof directors. I hereby accept the a	purpo	se of char tment as	iging its egistered	registered office diagent. Lam
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SIGNATURE	Signature, typoo t	or printer name of registered ager OFFICERS AN	nt and title it a	applicable. 7N	OTE: Registered A	gent signat			4/	DATE RS AND	/ DIRECTO	DRS IN 12
2.	Signature, typoor	or printed marine of registered agen	nt and title it a	applicable. 7N	OTE: Registered A	gent signat		when reinstating)	4/	DATE RS AND	, 	
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SIGNATURE:

SIGNATURE NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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