FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 10:33

DOCUMENT # P94000048145 (4)

1. Corporate Name

BAY SIDE CAPITAL CORP.

Principal Place of Business

6511 YOSEMITE DRIVE
TAMPA FL 33634

Mailing Address

6511 YOSEMITE DRIVE
TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1994

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 59-3255842 ☐ Applied For ☐ Not Applicable

Suite, Apt. # etc. — 22

Suite, Apt. # etc. — 27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24 — County — 25 — Zip — 29 — County — 30

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

DIAZ, ROBERTO
6511 YOSEMITE DRIVE
TAMPA FL 33634

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 Section 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 (If changing Registered Agent, New Registered Agent must sign above.) (If changing Registered Agent's address only, Registered Agent must sign above.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
91 TITLE	DV	91 TITLE	☐ Change ☐ Addition
92 NAME	FIGUERUELO, JOSE O	92 NAME	
93 STREET ADDRESS	4507 W. NORTH ST.	93 STREET ADDRESS	
94 CITY-ST-ZIP	TAMPA FL 33614	94 CITY-ST-ZIP	
91 TITLE	DP	91 TITLE	☐ Change ☐ Addition
92 NAME	MOREJON, AGUSTIN J	92 NAME	
93 STREET ADDRESS	720 W. OHIO AVE.	93 STREET ADDRESS	
94 CITY-ST-ZIP	TAMPA FL 33603	94 CITY-ST-ZIP	
91 TITLE	DS	91 TITLE	☐ Change ☐ Addition
92 NAME	DIAZ, ROBERTO	92 NAME	
93 STREET ADDRESS	6511 YOSEMITE DRIVE	93 STREET ADDRESS	
94 CITY-ST-ZIP	TAMPA FL 33634	94 CITY-ST-ZIP	
91 TITLE	DT	91 TITLE	☐ Change ☐ Addition
92 NAME	FIGUERUELO, OSVALDO J	92 NAME	
93 STREET ADDRESS	4507 W. NORTH STREET	93 STREET ADDRESS	
94 CITY-ST-ZIP	TAMPA FL 33614	94 CITY-ST-ZIP	
91 TITLE		91 TITLE	☐ Change ☐ Addition
92 NAME		92 NAME	
93 STREET ADDRESS		93 STREET ADDRESS	
94 CITY-ST-ZIP		94 CITY-ST-ZIP	
91 TITLE		91 TITLE	☐ Change ☐ Addition
92 NAME		92 NAME	
93 STREET ADDRESS		93 STREET ADDRESS	
94 CITY-ST-ZIP		94 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is accurately formatted 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 with an address.

SIGNATURE: Roberto Díaz — 4-11-95 — (813) 876-0079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0403058 FP