FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



*CORF ANNU	PORATIONAL REPO			Sandra B Mortnam Secretary of State DIVISION OF CORPORATIONS							
DOCUMENT # P9400059923 (0) BAY CARNATION, INC.											
Principal Place	of Business		Mail	ng Address				f iffijisel die ibili sien ebin e		1118 18118 1	IBIIA MEND MI INT
1925 BRICKELL AVE. D-PH-11 MIAMI FL 33131			1925 BRICKELL AVE. D-PH-11 MIAMI FL 33131					3. Date Incorporated or Qualified	3a. Date		·
								08/15/1994 4. FEI Number)5/01/ 1	Applied For
2. Principal Pla 21	ice of Busini	9\$S	2a. 26	Mailing Address				65-0522285			Not Applicable
Suite, Apt. #	f, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional
22			27	Oit . 9 Ctata				Election Campaign Financing			Required 00 May Be
City & State			28	Oity & State				Trust Fund Contribution		,	ed to Fees
Zip		Country		Zip	Coun	itry		8. This corporation has liability in		under s	s 199.032,
24		25	[29]		30			Florida Statutes Yes 10. Name and Address of New I		gent	
	9. Name	and Address of Cur	rent Hegiste	ered Agent		81	Name	IV. Name and Address of their	· · ·		
WEINS	STEIN, PHI	I IP T			-	82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
2250 8		SE SUBBLACE			1000 (110) 200						
	FLOOR				[83					
MIAMI	FL 33129	1			ļ	84	City		FL	85 Z	Zip Code
11. Pursuant to or registers familiar with SIGNATURE	o the proving ed agent for th, and aco	ions of Sections 607.01 Jobth in the State of F portion of Manager of Sections of Sections of Sections of Manager of Mana						oration submits this statement for the pr and of directors. Thereby accept the app and when remissions	DATE		
12.	7 I V	OFFICERS	AND DIREC		13.	74.5		ADDITIONS/CHANGES TO OF		1 Change	
TITLE	/ 10 NEV	TO DUILIDDE C		DELETE	1 1 3 ii 1,2 NA				L	1 Onlingo	,
NAME STREET ADDRESS		er, philippe g We due rhone			1		ADDRESS				
CITY-ST-ZIP	1	GENEVE			1.4.011						
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NAME		istein, Philip t			2 2 N.4	MÉ					
STREET ADDRESS		S.W. 3 AVE., 5TH	FLOOR		2 3 SI	HEET.	ADDRESS				
CITY - \$1 - 7(P		/II FL 33129		DELETE	2 4 CV 3 1 TI	_	T-7IP		г	Change	e Addition
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NAME STREET ADDRESS							ADDRESS				
CITY-ST-ZIP							5T-7IP				
TATLE	·			DELETE	6 1 1				[Chang	ge 🔲 Addition
NAME					6 2 N	AME					

14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 the gold, or or an affairment with an address.

6.3 STREET ADDRESS

6.4 C:TY-ST-ZIF

SIGNATURE: _

STREET ADDRESS

VATUREAND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

3/12/96 (305) 856-0082

CR2E034 (12/95)