FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000021093 (6)**

1. Corporation Name
BAYWINDS MIAMI CORPORATION

Principal Place of Business	Mailing Address
1101 BRICKELL AVE. SUITE 1400 MIAMI FL 33131	1101 BRICKELL AVE. SUITE 1400 MIAMI FL 33131

3. Date Incorporated or Qualified: 03/14/1995
3a. Date of Last Report:

4. FEI Number: 65-0585459 ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☒ No

	2. Principal Place of Business		2a. Mailing Address
21	701 BRICKELL AVE	26	701 BRICKELL AVE
22	Suite, Apt. #, etc.: 1200	27	Suite, Apt. #, etc.: 1200
23	City & State: MIAMI, FLORIDA	28	City & State: MIAMI, FLORIDA
24	Zip: 33131	29	Zip: 33131
25	Country: USA	30	Country: USA

9. Name and Address of Current Registered Agent

WARFMAN, SCOTT L
1101 BRICKELL AVE.
SUITE 1400
MIAMI FL 33131

10. Name and Address of New Registered Agent

81	Name: LOU MONTELLO
82	Street Address (P.O. Box Number is Not Acceptable): 701 BRICKELL AVENUE # 1200
83	
84	City: MIAMI FL
85	Zip Code: 33131

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: Louis R. Montello — 3/27/96
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	DPST	☐ DELETE	1.1 TITLE	SAME ☑ Change ☐ Addition
NAME	KUHL, GEORGE		1.2 NAME	
STREET ADDRESS	145 KING ST. WEST, STE. 1002		1.3 STREET ADDRESS	175 BLOOR ST. E S. TWR # 603
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA		1.4 CITY-ST-ZIP	TORONTO, ONTARIO M4W 3R8 CANADA
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	000001779690
STREET ADDRESS			4.3 STREET ADDRESS	-04/15/96--01029--010
CITY-ST-ZIP			4.4 CITY-ST-ZIP	***200.00
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 changed, or on an attachment with an address.

SIGNATURE: [signature] — 3/27/96 — (305) 373-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4-14-96