FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000036334 (7)**

1. Corporation Name
MIAMI BABY, INC.

Principal Place of Business	Mailing Address
1865 BRICKELL AVE., STE 2002 MIAMI FL 33129	1865 BRICKELL AVE., STE 2002 MIAMI FL 33129-1621

2. Principal Place of Business 21 1865 BRICKELL AVE Suite, Apt. #, etc. 22 TOWNHOUSE 2 City & State 23 MIAMI, FL. Zip 24 33129 Country 25 USA.	2a. Mailing Address 26 1865 BRICKELL AVE. Suite, Apt. #, etc. 27 TOWNHOUSE 2 City & State 28 MIAMI, FL. Zip 29 33129 Country 30 USA

3. Date Incorporated or Qualified 05/05/1995	3a. Date of Last Report 04/22/1996
4. FEI Number 65-0595151	☐ 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	

9. Name and Address of Current Registered Agent

CAVA, RICHARD H
1865 BRICKELL AVE., STE 2002
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name: CAVA, RICHARD
82 Street Address (P.O. Box Number is Not Acceptable): 1865 BRICKELL AVE
83 TOWNHOUSE 2
84 City: MIAMI FL 85 Zip Code: 33129

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 _____ RICHARD CAVA 4/27/97
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	D	☐ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	CAVA, RICHARD H		1.2 NAME	CAVA, RICHARD	
STREET ADDRESS	1865 BRICKELL AVE., STE 2002		1.3 STREET ADDRESS	1865 BRICKELL AVE, TOWNHOUSE 2	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FL. 33129	
TITLE	D	☐ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	CAVA, IGNACIO		2.2 NAME	CAVA, IGNACIO	
STREET ADDRESS	1865 BRICKELL AVE., STE 2002		2.3 STREET ADDRESS	1865 BRICKELL AVE. TOWNHOUSE 2	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL. 33129	
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		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
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 (9/96)

14. I do hereby certify that the information supplied with this filing 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 _____ 4/27/97