

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90178 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000045764**
1. Corporation Name
BYA INVESTMENT CORPORATION



Principal Place of Business % ZUCKERMAN, SPAEDER, TAYLOR & EVANS, LLP 201 S. BISCAYNE BLVD. SUITE 900 MIAMI FL 33131	Mailing Address % ZUCKERMAN, SPAEDER, TAYLOR & EVANS, LLP 201 S. BISCAYNE BLVD. SUITE 900 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2 S. Biscayne Blvd. Suite, Apt. #, etc. 22 Suite 3400 City & State 23 Miami, Florida Zip 24 33131	2a. Mailing Address 26 2 S. Biscayne Blvd. Suite, Apt. #, etc. 27 Suite 3400 City & State 28 Miami, Florida Zip 29 33131	Country 25 USA Country 30 USA
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3. Date Incorporated or Qualified 06/13/1995	4. FEI Number 65-0645495	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**GREENE, MICHAEL S
201 SOUTH BISCAYNE BLVD.
SUITE 900
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name Valdes-Fauli Corporate Services, Inc.	85 Zip Code 33131
82 Street Address (P.O. Box Number is Not Acceptable) 2 S. Biscayne Blvd.	
83 Suite 3400	
84 City Miami	FL

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 the duties and obligations of a registered agent in Florida.

SIGNATURE *Raul E. Valdes-Fauli* **Raul E. Valdes-Fauli, President** **April 14, 1999**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIMINEZ, B R % 201 S. BISCAYNE BLVD. SUITE 900 MIAMI FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V BEHAR, ABRAHAM % 201 S. BISCAYNE BLVD. SUITE 900 MIAMI FL 33131	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEHAR, ONDINA % 201 S. BISCAYNE BLVD. SUITE 900 MIAMI FL 33131	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Blanca P. Jimenez Rivas* **Blanca P. Jimenez Rivas** **4-27-99** **305-376-6073**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)