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

PHOPET A CORPORATION ANNUAL REPORT 1006



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

	13	JU	
DOCU	ME	NT	- #

1. Corporation Name

P95000046523 (3)

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BAY WHITE, INC.

SIGNATURE:

<i></i>				***							
Principal Place 401 BISCAYN		M	lailing Address 401 BISCAYNE BLVD.					/-	*****	• •	
N-129			N-129								
MIAMI FL 33	П32		MIAMI FL 33132				3. Date Incorporated or Qualified 06/15/1995	3a. Dat	te of Last F	Report	
2. Principal Pla	ace of Business	2a	. Mailing Address				4. FEI Number			Applied For	,
21		26					65-0600458			Not Applicat	
Suite, Apt. i	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required	.1
City & State	•	28	City & State				Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees	
Zip	Country		Zip	<b></b>	untry	<i>t</i>	8. This corporation has liability for		ax under s	199.032,	
24	25	[29]		30	- r		<del></del>	i Xivo	l Anna		
	9. Name and Address of Curr	ent Regi	stered Agent		81	Name	10. Name and Address of New I	registered	Agent		
CC) DAY	ANI DANID				L						
	AN, DAVID ICOLN ROAD				82	Street Addr	ess (P.O. Box Number is Not Acceptal	ble)			
PH NE	IVVUT HVAV				83	<del> </del>					
	BEACH FL 33139				-				Ta-1 -	Y- 0- 1	
					84	City		FL	_   85   Z	ip Code	
familia wit	th, and accept the obligations of Se	etion 607	.0505, Florida Statutes	s.		nt signature require	ration submits this statement for the purif of directors. Thereby accept the appropriate the purification of the purification				
12.	OFFICERS A	ND DIRE	the contract of the contract o	13.		г	ADDITIONS/CHANGES TO OFF	ICERS AN			
TITLE	STRALLNIKOFF, CARLOS		☐ DELETE		TITLE				Change	Addition Addition	OU
NAME	19655 E. COUNTRY CLUB	DR #6	:01	i	NAME	T ADDRESS					
STREET ADORESS  CITY-S1-ZIP	AVENTURA FL 33180	DII. WO				T ADDRESS S1-ZIP					
TITLE			☐ DELETE		TITLE				Change	☐ Additio	ion
NAME				22	NAME					•	
\$TREET ADDRESS				23	STREE	ADDRESS					
CITY-ST-ZIP				24	CITY-1	ST-ZiF					
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NAME			L.J DECCT		NAME	}				L.J FOOIIII	VII.
STREET ADDRESS						T ADDRESS					
CITY-SI-ZIP				ľ		ST-ZIP					
TITLE	The state of the s		☐ DELFIE		TITLE				Change	Additi	ion
NAME				5.2	NAME						
STREET ADDRESS				5.3	STREE	T ADDRESS	80000189	546:	3(8)		
CITY-S1-ZIP						S1-ZIP	-06/07/96010 ***200.00	<u> </u>	34	<u></u>	
TITLE			DELETE		TITLE		***200.00		☐ Change	Additi	ion
NAME					NAME						
STREET ADDRESS						I ADDRESS	<b>~</b>	5-0	16	7/2	g
CITY-S1-ZIP	ny portify that the information and I	ता का व	a filiza je vahratarih f	6.4	CITY -	S1-ZiP	for the exemption stated in Section 118			16.0	_0
certify that oath; that	t the information indicated on this a	n <b>d</b> ual repo peration	od∕or supplementa: and	nual repor ec empow	t is tr	rue and accura	for the exemption stated in Section 11st ate and that my signature shall have the is report as required by Chapter 607, F	e same lega	ai eltect as	If made und	Je:

April 26, 1996 (305) 374-1277