

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

FILED  
May 06 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 # P95000074394 (4) 1. Corporation Name BACI LAS OLAS, INC.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 21 450 E. LAS OLAS BLVD. Suite, Apt. #, etc. 22 City & State 23 FT. LAUDERDALE FL 33301 Zip Country 24 25		2a. Mailing Address 26 450 E. LAS OLAS BLVD. Suite, Apt. #, etc. 27 City & State 28 FT. LAUDERDALE FL 33301 Zip Country 29 30	
3. Date Incorporated or Qualified 09/26/1995		3a. Date of Last Report 8/5/96	
4. FEI Number 65-0614591		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 has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent COPPOLA, LOUIS 1360 S.W. 21ST AVENUE BOCA RATON, FL 33486		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		FL 85 Zip Code	
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 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	
1.1 TITLE <input type="checkbox"/> DELETE		1.1 TITLE D P T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME		1.2 NAME COPPOLA, LOUIS	
1.3 STREET ADDRESS		1.3 STREET ADDRESS 1360 S.W. 21ST AVENUE	
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP BOCA RATON, FL 33486	
2.1 TITLE <input type="checkbox"/> DELETE		2.1 TITLE D V S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		2.2 NAME COPPOLA, VINCENT	
2.3 STREET ADDRESS		2.3 STREET ADDRESS 6641 GIRALDA CIRCLE	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP BOCA RATON, FL 33432	
3.1 TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
LOUIS COPPOLA

100002179631  
-05/15/97--01028--044  
\*\*\*165.00

4-30-97 561 862-8300  
Date Daytime Phone #

CR2E034 (9/96)