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 # **P95000079111 (7)**

1. Corporation Name

BAYSIDE TRADING, INC.

Principal Place of Business	Mailing Address
7833 FISHER ISLAND DR FISHER ISLAND FL 33109	7833 FISHER ISLAND DR FISHER ISLAND FL 33109

3. Date Incorporated or Qualified: **10/11/1995** | 3a. Date of Last Report:

4. FEI Number: **65-0619330** | ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KERVEL, JANA L
731 WREN AVE
MIAMI SPRINGS FL 33166

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	EDUARDO A. TOGNONI		12 NAME	
STREET ADDRESS	7833 ISLAND DR.		13 STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND FL 33109		14 CITY-ST-ZIP	
TITLE	SECRETARY	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	DEAN A. TOGNONI		22 NAME	
STREET ADDRESS	7833 ISLAND DR.		23 STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND, FL 33109		24 CITY-ST-ZIP	
TITLE	TREASURER	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	JOSE EMILIO ALVAREZ		32 NAME	
STREET ADDRESS	7777 NW 194 LN		33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33055		34 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	DEAN A. TOGNONI		42 NAME	
STREET ADDRESS	7833 ISLAND DR.		43 STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND, FL 33109		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

Bank deposit $ 200.00

14. I do hereby certify that the information supplied with this filing is valid, currently furnished and 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 added by an attachment with an asterisk.

SIGNATURE: _____ TREAS 4-25-96 (305) 441-4299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

JOSE EMILIO ALVAREZ

Fee $ 200.00

CR2E034 (12/95)