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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000024978

BAYIT OHR INVESTMENT GROUP, INC.

-									
Principal Place of Business		Mailing Address					1 10011001110 01111 00111 00111 00111	; <u> </u>	*** 1988) 1811 1881
3375 N. COUNT	RY CLUB DRIVE	3375 N. COUNTRY CLUB DRIVE							•
APT. 402 APT. 402							DO,NOT,WRITE IN TH	US SPACE	
AVENTURA FL 33180 AVENTURA FL 33180							3. Date Incorporated or Qualified	IIO OI NOC.	
							03/15/1996		
2 Principal P	lace of Business	2a. Mailir	ng Address				4. FEI Number		Applied For
21		26					65-0656686		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75	Additional
22		27					5. Certificate of Status Desired	Fee l	Required
City & State		City & State				-	6. Election Campaign Financing		0 May Be
23		28					Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Zip Country				8. This corporation owes the current year		
24	25	29		30			Personal Property Tax.	Yes	□No
	g. Name and Address of Curren	t Registered	Agent		l ad I		10. Name and Address of New Register	ed Agent	
DITTI	ED DOCUELLE D				81	Name			
	er, rochelle b 5 n. country club drive				82	Street Ad	ress (P.O. Box Number is Not Acceptable)		
	NTURA FL 33180								
AVEI	410hA FE 33100				83				{
					84	City		85 Zi	p Code
			70 71 11 74 4	4	<u> </u>		tion sub-its this statement for the purpose	of changing	its registered
11. Pursuant office or r	to the provisions of Sections 507,050; egistered agent, or both, in the State	2 and 607.150 of Florida. Suo)8, Florida Statut ch change was a	es, the a ethorize	above d by 1	e-named co the corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as	registered
agent. I z	m familiar with and acceptable obligat	lons of soction	on 607 0505 Flo	reta Sta	tute's.		1 - 1/ · · · · · · · · · · · · · · · · · ·	1/20	Mag
SIGNATURE	Maranos IIII	CAROX	retlexXX	4.40	4		CANOTO DATE	X13,	292
	Signature, types or printed name of registered ager OFFICERS AN			: Registere	d Agem	r signature fled	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	TORS IN 12
TITLE .	PSTD OF TOURS AN	D DIRECTOR	DELETE	1,1 T	ITLE		ADDITIONS/CHANGES TO CIT IDENO	Chang	
NAME	RITTER, ROCHELLE B				AME				
STREET ADDRESS	3375 N. COUNTRY CLUB DRIV	F		•		ADDRESS			}
	AVENTURA FL 33180	-		- 1					
CITY-ST-ZIP	AVENTURA FL 33160			_	1.4 CITY+ST-ZIP			Chang	e Addition
NAME				2.2 NAME			·		
STREET ADDRESS						ADDRESS			ļ
CITY-ST-ZIP					CITY-S				
TITLE			DELETE	3.1 T		1-21	<u> </u>	Chang	e 📋 Addition
NAME		•	_	3.2 N	IAME	1			.
STREET ADDRESS						ADORESS	^		ļ
CITY-ST-ZIP		-			CITY-S'	[į
TITLE			DELETE	4.1 T		-	-	Chang	e Addition
NAME	<u>{</u>			4, 21	VAME				Ì
STREET ADDRESS						ADDRESS			ţ
CITY-ST-ZIP					лгү-S1				į
TITLE		- 	DELETE	5.1 T				☐ Chang	e 🔲 Addition
NAME					AME	Ī			1
STREET ADDRESS				5.3 9	TREET	ADDRESS			
CITY-ST-ZIP					aty-st				Ì
TITLE			☐ DELETE	_	TILE	+		Chang	e Addition
NAME				6.21	IAME				
CTDEET ADDRESS				6.3 9	TREET	ADDRESS			ł

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 angual 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 officer or director of the corporation or the Block 12 or Block 13 if changed or on an

6.4 CITY-ST-ZIP

SIGNATURE:

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90098 015 ***150.00