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PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT [illegible] STATE
Sandra B. Mort[illegible]m
Secretary of Sta[illegible]
DIVISION OF CORPOR[illegible]TIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000030798 (8)**

1. Corporation Name
BUSINESS ASSOCIATES ACCOUNTING AND CONSULTING, INC.

Principal Place of Business	Mailing Address
4747 HOLLYWOOD BLVD. STE 208 HOLLYWOOD FL 33021	4747 HOLLYWOOD BLVD. STE 208 HOLLYWOOD FL 33021-6503

2. Principal Place of Business	2a. Mailing Address
21 1109 N. 21ST AVE	26
Suite, Apt. #, etc. 22 suite 118	Suite, Apt. #, etc. 27
City & State 23 Hollywood Fla	City & State 28
Zip 24 33020	Zip 29
Country 25 BROWARD	Country 30

3. Date Incorporated or Qualified: 04/02/1996
3a. Date of Last Report: April 15, 1997
4. FEI Number: 65-0646446 — 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

9. Name and Address of Current Registered Agent
FELDMAN, JEFFREY
16215 NE 18TH COURT STE 202
NO MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent
81 Name: Anthony Oropesa
82 Street Address (P.O. Box Number is Not Acceptable): 1732 Roosevelt St STE D
83
84 City: Hollywood FL 85 Zip Code: 33020

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: Anthony D Oropesa — Anthony D. Oropesa — 4/15/97
Signature, typed or printed name of registered agent and title if agent is a corporate (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition PRESIDENT LUIS TARR-OROPESA 4747 Hollywood Blvd Suite 208 Hollywood Fla 33021
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition Vice President Jeffrey Feldman 16215 NE 18th Court STE 202 N. Miami Beach, FL 33162
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition Treasurer/Secretary Kathy Tarr-Oropesa 4747 Hollywood Blvd STE 208 Hollywood Fla 33021
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 000002236450--8 -07/11/97--01115--001 ****173.75 ****173.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do 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.

CR2E034 (9/96)