
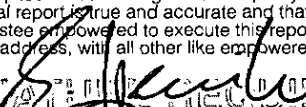


FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90028 021 ***150.00

1. Entity Name

BAYVILLE INCORPORATED

Principal Place of Business 112 SOUTH HIBISCUS DRIVE MIAMI FL 33139-5130		Mailing Address P.O. BOX 398570 MIAMI BEACH FL 33239-8570		 DO NOT WRITE IN THIS SPACE																																																													
2. Principal Place of Business		3. Mailing Address																																																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																															
City & State		City & State																																																															
Zip		Country		4. FEI Number 65-0750583 <div style="float: right; border: 1px solid black; padding: 2px;">Applied For Not Applicable</div>																																																													
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																													
6. Name and Address of Current Registered Agent LANGEN, CHRISTOPHER ESQ. 112 SOUTH HIBISCUS DRIVE MIAMI FL 33139-5130				7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____																																																													
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.																																																																	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																													
11. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;">TITLE</td><td style="width:10%;">NAME</td><td style="width:10%;">STREET ADDRESS</td><td style="width:10%;">CITY-ST-ZIP</td><td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td></tr><tr><td></td><td>D HEINKE, STEPHAN</td><td>112 SOUTH HIBISCUS DRIVE</td><td>MIAMI FL 33139-5130</td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr></table>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		D HEINKE, STEPHAN	112 SOUTH HIBISCUS DRIVE	MIAMI FL 33139-5130		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;">TITLE</td><td style="width:10%;">NAME</td><td style="width:10%;">STREET ADDRESS</td><td style="width:10%;">CITY-ST-ZIP</td><td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr></table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.																																																																	
SIGNATURE:  SIGNATURE REQUIRED 04/17/2000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																	