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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mort¶ám

Secretary of State DIVISION OF CORPORATIONS

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

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28

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1997

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

CITY-ST-ZIP

DOCUMENT # P96000097536 (2)

BABIMAR ENTERPRISE CORPORATION

Principal Place of Business Mailing Address 18235 N.E. 4TH COURT 18235 N.E. 4TH COURT MIAMI FL 33162-1011 MIAMI FL 33162

Country

9. Name and Address of Current Registered Agent

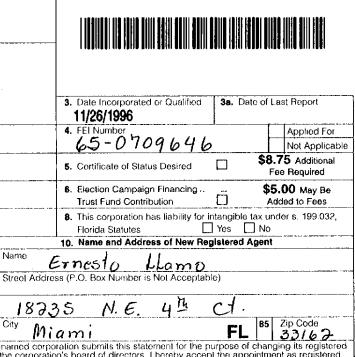
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BABILONIA, JAIRO A

MIAMI FL 33162

18235 N.E. 4TH COURT

FILED Jun 05 1997 8:00am Secretary of State



4-30-97 (305)541-2555

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. 4-30-97 ped of plinted name of registered agent and title 4 applicable SIGNATURE (NOTE: Hogistered Agent signature required when relistating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) OFFICERS AND DIRECTORS 12. 13. Change X Addition DELETE Ernesto Llamo 11 TITLE TITLE BABILONIA, JAIRO A 1.2 NAME Uth C. NAME 18235 18235 N.E. 4TH COURT 1.3 STREET ADDRESS STREET ADDRESS 33162 **MIAMI FL 33162** 14 CITY - ST - 7/P CITY-ST-ZIP Change Addition SD **★** DELFTE 21 TILLE TITLE MARABELLI, CARLOS A 2.2 NAME NAME 18235 N.E. 4TH COURT STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33162** CITY-ST-ZIP 2 4 CHY-\$1-ZIP DELETE Change ___ Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. C(1Y-S1-Z)P CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CiTY-ST-ZiP 500002209515 -06/11/97-01125--002 DELETE Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS ***165.00

6.4 CITY-ST-7IP 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 od poration 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 12 if Chapter 4 or an attachment with an address.

Country

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83

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Name

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