

FILED

Apr 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT  
**1997**

 FLORIDA DEPARTMENT OF STATE  
**Sandra B. Moftam**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P96000104493 (7)

1. Corporation Name  
**BAVEX ENTERPRISES, INC.**

Principal Place of Business	Mailing Address
1761 W. HILLSBORO BLVD. SUITE 205 DEERFIELD BEACH FL 33442	1761 W. HILLSBORO BLVD. SUITE 205 DEERFIELD BEACH FL 33442-1561

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/26/1996		3a. Date of Last Report	
21		26		4. FEI Number 65-0714831		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23		28		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
<b>SEXTON, JIM</b> <b>1761 W HILLSBORO BLVD.</b> <b>SUITE 205</b> <b>DEERFIELD BEACH FL 33442</b>	<b>81</b>	Name			
	<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)			
	<b>83</b>				
	<b>84</b>	City	<b>FL</b>		
			<b>85</b>	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 and, in doing so, I understand and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE J. A. Sexton J. A. Sexton 2-28-91  
(Signature must be printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	President Jim Sexton 1761 W Hillsboro Blvd., Suite 205 Deerfield Beach, FL 33442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

**SIGNATURE:**   
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

2.28.97  
Date

Date                      Daytime Phone # 000-0000

CR2E034 (9/96)