Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90039 013 \*\*\*150.00

## 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 #** P97000024312 1. Corporation Name

BAYTREE INVESTORS MIAMI AGEN	VCY, I	NC.								
Principal Place of Business	М	ailing Address				i shutihut sin iditi iduli ablit antii i	AATII AATII I	1911 <b>9196</b>	undf III	11E (1E) (83)
4119 NORTHWEST 135 STREET MIAMI FL 33054	BL	M400 SW 134TH COURT LDG 3 SUITE 11 IAMI FL 33186 S				3. Date Incorporated or Qualifed 03/18/1997	IN THIS	SPACE		
2. Principal Place of Business	2a	. Mailing Address				4. FEI Number			Appl	ied For
21	26	-				65-0739798			Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				_				ditional
22	27			-		Germania di Stata Boorio			Req	
City & State	L	City & State				6. Election Campaign Financing				iay Be
23	28					Trust Fund Contribution			led to	Fees
Zip Country	$\vdash$	Zip		intry		8. This corporation owes the current	t year Inta	angible Yes	г	⊒No
24 25	29		30			Personal Property Tax.  10. Name and Address of New Reg	nistered /			
9. Name and Address of Curre	nt Regi:	stered Agent		81	Name	10. Halle and Address of New Mag	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	.30		
AMERILAWYER CHARTERED	•			Ш						
343 ALMERIA AVENUE				82	Street Add	dress (P.O. Box Number is Not Acceptable	e)			-
CORAL GABLES FL 33134				83		<del></del>				
								31		
				84	City		FL	85	Zip Co	ode
11. Pursuant to the provisions of Sections 607.050	02 and 6	607.1508, Florida Statu	ites, the a	bove	-named cor	rporation submits this statement for the pu	irpose of	cnangini stment a	g its re	egistered
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation of the state of the obligation of t	e of Flori ations of ent and title	da. Such change was f, Section 607.0505, Fl	authorized orida Stati	utes.	tne corporat	rporation submits this statement for the pution's board of directors. I hereby accept to the statement of the pution's board of directors. I hereby accept the statement of the pution's board of the pution between the pution between the pution between the pution by the pution between t	DATE DATE	iunent a	3 (eg.	
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CITY-ST-ZIP 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 suppliemental 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, with all other like empowered.

6.4 CiTY-ST-ZIP

SIGNATURE:

REQUIRED