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

PROFIT CORPORATION ANNUAL REPORT 1998 PROFIT FLORIDA DEPARTI Sandra B. Secretary DIVISION OF CO	Mortham of State		
DOCUMENT # P9700035899		98 OCT 15 PM 12: 27 SECRETARY OF STATE TALLAHASSEE. FLORIDA	
BALDAN, INC		TOTAL AND SEC. FLURIDA	
Principal Place Business 1232 SW 94 PL STE E5		1	
KENDAL, FL 33173		DO NOT WRITE IN THIS SPACE	
23 1737.		3. Date incorporated or Qualified 9-7	
2. Principal Place of Business 21 2 5 6 5 5 26 22 Mailing Address		4. FEI Number 65 - 0748089 Applied For Not Applicable	
Suite, Apt #, etc. 22 Sf e 1001 22 27	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired S8.75 Additional Fee Required	_
City & State City & State		6. Election Campaign Financing \$5.00 May Be	
Zip Country Zip	Country	Trust Fund Contribution	\dashv
24 25 29 39 39 9. Name and Address of Current Registered Agent	0	Personal Property Tax due June 30, La Yes La No 10. Name and Address of New Registered Agent	
JUNIOR, JULIO V.	Name Julio	VILAS GONCALVES JR.	_
		ess (P.O. Box Number is Not Acceptable)	
MAN, FL 33173 # 40		05	_
11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes	NORTH	MIAMI BEACH FL 85 33179.	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auti agent. I am familiar with, and accept the obligations of section 607.0505, Florid 	horized by the corporational statutes.	on's board of directors. I hereby accept the appointment as registered	
SIGNATURE 4 Typing or printed name of A stored agent and life in appaced. INOTE R	egistered Agent signature require	d when reinstating) DATE	
12. OFFICERS AND DIRECTORS TITLE DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	7 5
NAME TUNIOR JULIOV	12 NAME 71	ILIO VILAS GONCALVES, JR	
STREET ADDRESS 7232 SW 94 PL 575 E5 CITY-SI-2IP MANN FL 33177	13 STREET ADDRESS 12	201 NG 191 STREET # 405	يَا ا
CITY-SI-2IP INCALM CL 33:73	14 CITY-ST-ZIP	ORTH MOMI BEACH, FL 33179	. }
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STREET ADDRESS	2.3 STREET ADDRESS		
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NAME	3 2 NAME	****550.00 *****550.00)
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CITY - ST- ZIP TITLE DELETE	3.4 CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition	\dashv
NAME)	4 2 NAME	- Orango - Francisco	`
STREET ADDRESS	4.3 STREET ADORESS		
CITY-ST-ZIP TITLE DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	☐ Change ☐ Addition	,-
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STREET ADDRESS	5 3 STREET ADDRESS		
CITY-ST-ZIP	5 4 CITY - ST - ZIP	Change	_
TITLE LI DELETE !	6.1 TITLE 6.2 NAME	☐ Change ☐ Addition	'
STREET ADDRESS	6 3 STREET ADDRESS) India	
CITY-ST-ZIP 14 Libereby certify that the information supplied with this filling does not qualify for the	6 4 CITY - ST - ZIP	Section 119 07(3) If Florida Statistics Nurshawaerity that the information	4
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1) Florida Statutes. Norther 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.			
SIGNATURE: Signature and type of Printed Name of Signific Officer or Director Date Date Dayline Phoce #			