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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700055424 (0)
BARON CAPITAL LXIV, INC.

FILED May 14 1998 8:00am Secretary of State



Principal Plac		Mailing Address			
CINCONNATI (7795-COOPER-ROAD			
CINCHNATI OH 45242		CINCINNATI OH 45242			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 06/24/1997
2 Principal P	Place of Rusiness	2a. Mailing Address			A CCI SUNDA
2. Principal Place of Business 21 7826 COOPER RIAG		26 7826 Crofex ROAD		ROAD	4. FEI Number 31-1580954 Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.	2.4	2-01-16	5. Certificate of Status Desired \$8.75 Additional
City & State	^	City & State			/\ Fee Required
23]		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the current year ligtangible
24	25	29	30		Personal Property Tax due June 30. Yes XNo
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
GEIGER, ROBERT S ESO				Name	
1428 BRICKELL AVENUE, 6TH FLOOR				Street Add	tress (P.O. Box Number is Not Acceptable)
MIA	AMI FL 33131		8:		
			8.	'	
			84	City	FL 85 Zip Code
#4 Durouppt	to the provision of Spatiana CO7 000	22 and 607 1609 Florida Stat.	don the shor	ic named as	poration submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the State	of Florida, Such change was	authorized b	y the corpora	ation's board of directors. I hereby accept the appointment as registered
	am i a miliar with, and accept the oblig	alions of, Section 607.0505, F	iorida Statute	9S.	
SIGNATURE	Signature, typed or printed frame of registered ag	es; and title if applicable (NO	TE: Registered Ad	gent signature requ	uired when reinstating) OATE
12.	·	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST	DELETE	1.1 TITLE		Change Addition
NAME	MCGRATH, GREGORY		1.2 NAME		
STREET ADDRESS	7795-000PER ROAD フジマ	e cooper road	1.3 STREE	T ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45242		1.4 CITY-	ST-ZIP	
TITLE		DEL ETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREE	T ADDRESS	· ·
CITY-ST-ZIP			2. 4 CITY	-ST - 7/P	
TITLE		☐ DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			1	TADDRESS	
CITY-ST-ZIP		DELETE	3.4. C(TY)	·Si · ZIP	Change Addition
TITLE NAME		₩ DECEIE	4.1 TITLE 4. 2 NAM	.	Change Li Addition
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			4.4 CITY-	i	
TITLE		DELETE	5.1 TITLE	31* ZIF	Change Addition
NAME			5.2 NAME		·
STREET ADDRESS				1 ADDRESS	
CITY-ST-ZIP			5.4 CITY -		
TITLE		☐ DELE TE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	r address	
CITY-ST-ZIP			6.4 C/TY-		
14. I hereby o	certify that the information supplied w	ith this filing does not qualify	for the exem	ption stated in	n Section 119.07(3)(i), Florida Statutes. I further certify that the information
officer or Block 12 (director of the corporation or the rec or Block 13 if changed, or on aguita	arammanneport is rue and ac air ar yr rusteo empowered to ghord y With an aridress.	execute this	report as rec	n Section 119.07(3)(i), Florida Statules. I further certify that the information ure shall have the same legal effect as if made under oath; that I am an quired by Chapter 607, Florida Statutes; and that my name appears in