## 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** 

## P97000102145 (4) DOCUMENT #

BAY ONE GROUP, INC.

## **FILED** May 18 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2620 NE 135TH ST., #2H 2620 NE 135TH ST., #2H N. MIAMI FL 33181 N. MIAM! FL 33181 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/04/1997 2. Principal Place of Business 2a. Mailing Address Applied For 74-2863873 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **UGAS, EDUARDO** 2620 NE 135TH ST., #2H 82 Street Address (P.O. Box Number is Not Acceptable) N. MIAMI FL 33181 83 84 Zip Code 85 11. Pursuant to the provisions of Sections 607.05:02 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. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE PRZSIDERT Addition EDUARPO NAME 1.2 NAME 135th STREET, 2H 2620 NE STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7IP DELETE Change ■ Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP TITLE DELETE 51 TITLE Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with the indicated on this annual report or supplemental and officer or director of the corporation or the receiver Block 12 or Block 13 if changed, or on an attaching.

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information al report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an prostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address