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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 # P97000105512

THE BAPTISTE GROUP, INC.

MIAMI FL 33186

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90015 033 ***150.00

. (BRANKAN NA 1810) 1840 1840 ABNA ABNA BAKA 1811 BAKA 1818 BAKA 1818 ABNA 1818 BAKA

Principal Place of Business Mailing Address							
15017 SW 140TH COURT 15017 SW 140 MIAMI FL 33186 MIAMI FL 3318			017 SW 140TH COURT IAMI FL 33186			DO NOT WRITE IN THIS SPACE	
						3. Date incorporated or Qualifed 01/01/1998	
2. Principal Place	e of Business	2a. Mailing Addres	ss .			4. FEI Number Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Addition Fee Required	
City & State City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax.	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent	
FULLER BAPTISTE, HERMAN A 15017 SW 140TH COURT				81	Name		
				82	Street A	et Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33186				83		114	
				84	City	FL 85 Zip Code	
office or reals	he provisions of Sections 607.05 stered agent, or both, in the State amiliar with, and accept the oblig	e of Florida. Such change	was autho	rized by	the corpor	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE Sign	nature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Regi	stered Agen	t signature reg	uired when reinstating) DATE	
12.		ND DIRECTORS	Ť	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D		☐ DEL	ETE	1.1 TITLE		☐ Change ☐ Addition	
-	ULLER BAPTISTE, HERMAN	Δ	ŀ	1.2 NAME		,	
1	5017 SW 140TH COURT	• •		12 CTDCCT	ADDRESS		

1.4 CITY-ST-ZIP

2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

3.1 TITLE 3.2 NAME

4.1 TITLE 4.2 NAME __

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

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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 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, with all other like empowered.

SIGNATURE: Desar A Fill Sollie Theman A. F. B. diste 1/7/99 (305) 257 a SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR