

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000108502 (0)

1. Corporation Name
BAIFLEX, INC.

Principal Place of Business
7417 FICUS TREE S
BURNT STORE MEADOWS
PUNTA GORDA FL 33955

Mailing Address
7417 FICUS TREE S
BURNT STORE MEADOWS
PUNTA GORDA FL 33955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1997

4. FEI Number

59-3485802

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 223 YELLOW ELDER

26 223 YELLOW ELDER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 PUNTA GORDA

27 PUNTA GORDA

City & State

City & State

23 FLORIDA

28 FLORIDA

Zip

Country

Zip

Country

24 33955

25 USA

29 33955

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELLEN, ROBERT F
7417 FICUS TREE S
BURNT STORE MEADOWS
PUNTA GORDA FL 33955

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

223 YELLOW ELDER

83

84 City

PUNTA GORDA

FL

85 Zip Code

33955

11. Pursuant to the provisions of Sections 607.0502 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 ROBERT F. MELLEN

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered agent's signature required when reinstating)

DATE

4.10.98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D P
NAME MARINO, JOHN V II.
STREET ADDRESS 122 S HENRY AVE
CITY-ST-ZIP ELKINS WV 26241

TITLE D T
NAME MELLEN, SHEILA J
STREET ADDRESS 7417 FICUS TREE S, BURNT STORE MEADOWS
CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE D S
NAME ZHAO, HONG
STREET ADDRESS 212 WESTBROOK CIR
CITY-ST-ZIP NAPERVILLE IL 60565

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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.

SIGNATURE SHEILA MELLEN

4.10.98 (941)