FROM : OPTIMUM PHONE NO. : 6170568 May. 21 1999 12:11PM P02

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99 MAY 26 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000025080

1. Corporation Name
BAWEN, INC.

[redacted]

Principal Place of Business
10920 W FLAGLER ST. #204
MIAMI FL 33174

Mailing Address
10920 W FLAGLER ST. #204
MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1998

4. FEI Number: 65-0903515 | 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 11034 SW 154 PL
Suite, Apt. #, etc.
22
City & State
23 Miami FL 33196
Zip
24
Country
25 DADE

2a. Mailing Address
26 11034 SW 154 PL
Suite, Apt. #, etc.
27
City & State
28 Miami FL
Zip
29 33196
Country
30 DADE

9. Name and Address of Current Registered Agent
GRANIZO, CARLOS
10920 W FLAGLER ST, #204
MIAMI FL 33174

10. Name and Address of New Registered Agent
81 Name: VIVIAN ALLISON OWEN
82 Street Address (P.O. Box Number is Not Acceptable)
83 11034 SW. 154 PLACE
84 City: Miami FL 85 Zip Code: 33196

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: Vivian Owen — May 15, 1999
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PTSD	☐ DELETE
NAME	BARRAZA, ALEX	
STREET ADDRESS	~~10920 W FLAGLER ST. #204~~	
CITY-ST-ZIP	~~MIAMI FL 33174~~	
TITLE	11034 SW 154 PL	☐ DELETE
NAME	Miami FL 33196	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	☐ Change ☒ Addition
1.2 NAME	VIVIAN ALLISON OWEN	
1.3 STREET ADDRESS	11034 SW. 154 PLACE	
1.4 CITY-ST-ZIP	Miami FL 33196	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

5/26

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: Alex Barraza — President 3/15/99 305-388 1252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)