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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000025080

1. Corporation Name
BAWEN, INC.



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 Country
 24 Dade 25 33196 29 Dade 30

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

(NOTE: Registered Agent signature required when reinstating)

DATE

May 15, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD	1.1 TITLE	
NAME	BARRAZA, ALEX	1.2 NAME	VIVIAN ALLISON OWEN VP
STREET ADDRESS	10920 W FLAGLER ST, #204	1.3 STREET ADDRESS	11034 SW 154 PLACE
CITY-ST-ZIP	MIAMI FL 33174	1.4 CITY-ST-ZIP	Miami FL 33196
TITLE	11034 SW 154 PL	2.1 TITLE	
NAME	Miami FL 33196	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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; with all other like empowered.

SIGNATURE:

Alex Barraza, President

3/15/99

305-388 1262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alex Barraza

CR2E034 (11/98)