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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000042153

1. Corporation Name

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90110 046 ***150.00

B-A-Y- 1	-SMIRTS, INC.									
		No. View Andreas				-				
Principal Place		Mailing Address	D.							
18200 NW 27TH AVE MIAMI FL 33056		19380 COLLINS AVE. #12-B MIAMI FL 33160				1				
WINNII I E SOUL	o .	MIRM IL SOTO				DO NOT WE	RITE IN THI	S SPACE		_
						3. Date Incorporated or Qualife	d]
						05/07/1998				
2. Principal Place of Business		2a. Mailing Address				4. FEI Number 22 61 12			Applied For	
21		26				x 65-08-30113			Not Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additi				
22		27							Required	4
City & State		City & State				6. Election Campaign Financing	9 🗆		May Be	
23		28	C			Trust Fund Contribution			d to Fees	1
Zip	Country	Zip	Cour	шу		8. This corporation owes the cu	ırrent year I	ntangible XIYes	□No	
24	25	29	30			Personal Property Tax. 10. Name and Address of New	Pegistere	/->		-
	9. Name and Address of Current	Registered Agent		81 1	Name	TV. Name and Address of New	rogistere	u Agein		1
SHA	LOM, AVI									
	30 COLLINS AVE, #12-B			82 8	Street Addres	ss (P.O. Box Number is Not Accep	otable)			
	MI FL 33160		-	83						4
				84 (City		F	85 Zi	o Code	(
44 Duranget	to the provisions of Sections 607.0502	and 607 1508 Florida Statut	es the ah	0.00-10	amed como	ration submits this statement for th	e numose o	of changing	its registered	1
ii. Fuisuanti	to the provisions of Sections 607.0302									1
oπice or re	egistered agent, or both, in the State o	of Florida. Such change was a	uthorized	by the	e corporation	n's board of directors. I hereby acc	ept the app	ointment as	registered	1
oπice or re agent. Lai	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was a	uthorized	by the	e corporation	n's board of directors. I hereby acc	ept the app	ointment as	registered	
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6.4 CITY-ST-ZIP 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: _