08041999-90004-047-$550.00-$550.00

1999.

AMOUNT DUE ON OR BEFORE 05/1/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

**FILED**
**Aug 04, 1999 8:00 am**
**Secretary of State**
08-04-1999 90004 047 ***550.00

PROFIT CORPORATION ANNUAL REPORT

**1999**

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

DOCUMENT # P98000052633

1. Corporation Name
BAUCO CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O ROBERT A. SCHATZMAN<br>200 S. BISCAYNE BLVD.. STE. 1050<br>MIAMI FL 33131 | C/O ROBERT A. SCHATZMAN<br>200 S. BISCAYNE BLVD.. STE. 1050<br>MIAMI FL 33131 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1998

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1110 Brickell Ave | 26 1110 Brickell Av |
| Suite, Apt. #, etc. 22 Suite 303 | Suite, Apt. #, etc. 27 Suite 303 |
| City & State 23 Miami FL | City & State 28 Miami FL |
| Zip 24 33131 Country 25 USA | Zip 29 33131 Country 30 USA |

4. FEI Number: Applied For — ☐ 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

7. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| SCHATZMN, ROBERT A<br>200 SOUTH BISCAYNE BOULEVARD<br>SUITE 1050<br>MIAMI FL 33131 | 81 Name: Mike KRietzer<br>82 Street Address (P.O. Box Number is Not Acceptable): 100 SE 2nd Street<br>83: 17th Floor<br>84 City: Miami FL 85 Zip Code: 33131 |

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 X _____ DATE
Signature, typed or printed name of Registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | [redacted] PRESIDENT<br>MICHAEL BAUMANN<br>1110 BRICKELL AV Suite 303<br>MIAMI, FL 33131 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (5/99)

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:** SIGNATURE REQUIRED — 7/12/99 — 305-375-0080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #