

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90146 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000093042

1. Corporation Name

BAY UNO, INC.

Principal Place of Business	Mailing Address
200 SOUTH BISCAYNE BLVD. SUITE 4815 MIAMI FL 33131	200 SOUTH BISCAYNE BLVD. SUITE 4815 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1998

4. FEI Number

65-0874712

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

Suite, Apt. #, etc.

23. City & State

24. Zip Country

25

2a. Mailing Address

28

Suite, Apt. #, etc.

27. City & State

29. Zip Country

30

9. Name and Address of Current Registered Agent

PIRAS, ALESSANDRA
 200 SOUTH BISCAYNE BLVD.
 SUITE 4815
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name **Piero Salussolia**
 82 Street Address (P.O. Box Number is Not Acceptable)
200 S. Biscayne Blvd.
 83 **Suite 4815**
 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Piero Salussolia

5-14-99

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PIRAS, ALESSANDRA	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPTS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FUENTES, CARMEN	
1.3 STREET ADDRESS	200 S. Biscayne Blvd. Suite 4815	
1.4 CITY-ST-ZIP	Miami, FL 33131	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carmen Fuentes

04/29/99 (305) 373-7016

Date

Daytime Phone #

CR2E034 (1/98)