


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

05-04-1999 90146 013 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000093044**

1. Corporation Name  
**BAY DUE, INC.**

Principal Place of Business 200 SOUTH BISCAYNE BOULEVARD SUITE 4815 MIAMI FL 33131	Mailing Address 200 SOUTH BISCAYNE BOULEVARD SUITE 4815 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 10/28/1998	4. FEI Number 65-0874713	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May, Se	
				8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>PIRAS, ALESSANDRA</b> <b>200 SOUTH BISCAYNE BOULEVARD</b> <b>SUITE 4815</b> <b>MIAMI FL 33131</b>				10. Name and Address of New Registered Agent 81 Name <b>Piero Salussolia</b> 82 Street Address (P.O. Box Number Is Not Acceptable) 83 <b>200 S. Biscayne Blvd. Suite 4815</b> 84 City <b>Miami</b> <b>FL</b> 85 Zip Code <b>33131</b>			
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11. Pursuant to the provisions of Sections 607.0802 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 *Piero Salussolia* DATE **5/4/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D-</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>DPTS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIRAS, ALESSANDRA</b>	1.2 NAME	<b>FUENTES, CARMEN</b>
STREET ADDRESS	<b>200 SOUTH BISCAYNE BOULEVARD</b>	1.3 STREET ADDRESS	<b>200 S. Biscayne Blvd. Suite 4815</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	1.4 CITY-ST-ZIP	<b>Miami, FL 33131</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Carmen Fuentes* **Carmen Fuentes** **04/29/99** **(305) 373-7016**

CR2E034 (1/198)