FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999

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

0350848

FILED
Jun 01, 1999 8:00 am
Secretary of State
06-01-1999 90039 030 ***150.00

DOCUMENT # P98000096441

1. Corporation Name
BAUER EXPORT SERVICES, INC.

Principal Place of Business	Mailing Address
~~226 CENTER STREET~~ ~~SUITE A6B~~ ~~JUPITER FL 33458~~	~~226 CENTER STREET~~ ~~SUITE A6B~~ ~~JUPITER FL 33458~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
11/17/1998

2. Principal Place of Business	2a. Mailing Address
21 One Brickell square	26 One Brickell Square
Suite, Apt. #, etc. 22 801 Brickell Avenue	Suite, Apt. #, etc. 27 801 Brickell Ave
City & State 9th Floor 23 Miami, FL	City & State 9th Floor 28 Miami, FL
Zip 24 33131	Country 25 Dade	Zip 29 33131	Country 30 Dade

4. FEI Number 65-0892961 | Applied For | Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

SKRIVARHAUG, ERLAND
~~226 CENTER STREET~~
~~SUITE A6B~~
~~JUPITER FL 33458~~

10. Name and Address of New Registered Agent

81	Name Skrivarhaug, Erland
82	Street Address (P.O. Box Number is Not Acceptable) One Brickell Square
83	801 Brickell Avenue, 9th Floor
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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME SHRIVARHAUG, ERLAND		1.2 NAME	OneBrickell Square
STREET ADDRESS ~~226 CENTER STREET SUITE A6B~~		1.3 STREET ADDRESS	801 Brickell Avenue, 9th Floor
CITY-ST-ZIP ~~JUPITER FL 33458~~		1.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: _Erland Skrivarhaug_ ERLAND SKRIVARHAUG 6/2/99 1-954-455-5030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #