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CORPORATION ANNUAL REPORT 2000

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: DOCUMENT # P99000063O5

BWI Communications USA, Inc.
9288 Grand Canal Dr.
Miami, Fl 33174

If above mailing address is incorrect in any way, line through. Address information and enter correction in Block 2.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified | 3a. Date of Last Report

FILING FEE $200.00 | ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: 65-0935987 | Applied For | Not Applicable

2. Mailing Address (21) | 2a. Principle Place of Business (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

3. Certificate of Status Desired ☐ — $8.75

5. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $138.75 Supplemental Fee Not Required

8. This corporation has elected to be taxed under S. 1999.035, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Richard Hidalgo
9288 Grand Canal Dr.
Miami, Fl 33174

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City: FL | 35 Zip Code | 36 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

1.1 TITLE: President
1.2 NAME: Richard Hidalgo
1.3 ADDRESS: 9288 Grand Canal Dr.
1.4 CITY-ST-ZIP: Miami, Fl 33174

2.1 TITLE
2.2 NAME
2.3 ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 ADDRESS
6.4 CITY-ST-ZIP

13. OFFICERS AND DIRECTORS CHANGES

1.1 TITLE
1.2 NAME
1.3 ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 ADDRESS
6.4 CITY-ST-ZIP

14. I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an asterisk.

SIGNATURE _____ DATE _____

TOTAL P.01