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Secretary of State

Corr' 1998 Report under ck #

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S15304

1. Corporation Name
NORTHERN BAY ENTERPRISE, INC.,

Principal Place of Business	Mailing Address
520 BEACOM BLVD MIAMI, FLA. 33135	520 BEACOM BLVD MIAMI, FLA 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11-26-90

2. Principal Place of Business	2a. Mailing Address
21 520 BEACOM BLVD	26 520 BEACOM BLVD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI, FLA.	28 City & State: MIAMI, FLA.
24 Zip: 33135 25 Country: U.S.A.	29 Zip: 33135 30 Country: U.S.A.

4. FEI Number: 65-0247893 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PLACIDO DIAZ 520 BEACOM BLVD MIAMI, FLA. 33135	81 Name: PLACIDO DIAZ 82 Street Address (P.O. Box Number is Not Acceptable): 520 BEACOM BLVD 83 84 City: MIAMI FL 85 Zip Code: 33135

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: Placido R PLACIDO DIAZ 7/1/98
Signature, type 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	VP, T	☒ DELETE	1.1 TITLE	P, S, T	☐ Change ☒ Addition
NAME	TERESA FRANCO		1.2 NAME	PLACIDO DIAZ	
STREET ADDRESS	520 BEACOM BLVD		1.3 STREET ADDRESS	2100 SW 72AVE	
CITY-ST-ZIP	MIAMI, FLA. 33135		1.4 CITY-ST-ZIP	MIAMI, FLA. 33129.	
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	200002583912	
STREET ADDRESS			6.3 STREET ADDRESS	-07/09/98--01018--00035	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***183.75	

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: Placido R PLACIDO DIAZ 7/1/98 (305) 886-5285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)