


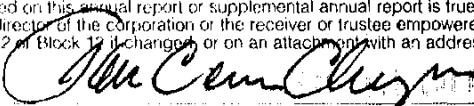
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S46545 (7)			
1. Corporation Name THE BAFFIN COMPANY			
Principal Place of Business 701 BRICKELL AVE. STE 1200 MIAMI FL 33131		Mailing Address 701 BRICKELL AVE. STE 1200 MIAMI FL 33131-2851	
2. Principal Place of Business 21 200 S. Biscayne Blvd., Suite, Apt. #, etc. 22 20th Floor City & State 23 Miami, FL Zip 24 33131		2a. Mailing Address 26 200 S. Biscayne Blvd. Suite, Apt. #, etc. 27 20th Floor City & State 28 Miami, FL Zip 29 33131	
Country 25 USA		Country 30 USA	
9. Name and Address of Current Registered Agent ROSSZ FIU CORPORATION 701 BRICKELL AVE. STE 1200 MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Blvd., 83 20th 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 _____ (NOTE: Registered Agent signature required when reinstating)			
DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: DP GIACOMO, PASSERA		11 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 167 E 61ST ST		12 NAME _____	
CITY-ST-ZIP: NEW YORK NY		13 STREET ADDRESS _____	
NAME: VST		14 CITY-ST-ZIP _____	
STREET ADDRESS: GOLDENBERG, BRIGITTE		21 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: 167 E 61ST ST		22 NAME _____	
NAME: AS		23 STREET ADDRESS _____	
STREET ADDRESS: CHEEZEM, JAN C		24 CITY-ST-ZIP _____	
CITY-ST-ZIP: 701 BRICKELL AVE, STE 1200		31 TITLE _____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: MIAMI FL 33131		32 NAME _____	
STREET ADDRESS: _____		33 STREET ADDRESS 200 S. Biscayne Blvd., 20th Floor	
CITY-ST-ZIP: _____		34 CITY-ST-ZIP Miami, FL 33131	
NAME: _____		41 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: _____		42 NAME _____	
CITY-ST-ZIP: _____		43 STREET ADDRESS _____	
NAME: _____		44 CITY-ST-ZIP _____	
STREET ADDRESS: _____		51 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: _____		52 NAME _____	
NAME: _____		53 STREET ADDRESS _____	
STREET ADDRESS: _____		54 CITY-ST-ZIP _____	
CITY-ST-ZIP: _____		61 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		62 NAME _____	
STREET ADDRESS: _____		63 STREET ADDRESS _____	
CITY-ST-ZIP: _____		64 CITY-ST-ZIP _____	



14. I do 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:  JAN CARSON CHEEZEM 4/29/97 (305) 358-7605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone: 0172400

CR2E034 (9/96)