FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S58682** **(3)**

1. Corporate Name
BAYSIDE COMUTES, INC.

Principal Place of Business
100 S.W. 27TH AVENUE
MIAMI FL 33135

Mailing Address
100 S.W. 27TH AVENUE
MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/11/1991**
3a. Date of Last Report: **07/19/1994**

2. Principal Place of Business
21
Suite Apt. # etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite Apt. # etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: **65-0266094** — 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 has taken an election under S. 1362 of the Internal Revenue Code to be taxed as a small business corporation under Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
MERLINO, WILLIE
7777 N.E.BAY SHORE COURT
NORTH MIAMI FL 33138

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.150(8), 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 of Current Registered Agent or Current Registered Agent's Attorney — OR — New Registered Agent signature accepting appointment — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☐ Change ☐ Addition
NAME	MERLINO, WILLIE	1.2 NAME	
STREET ADDRESS	7777 N.E. BAY SHORE CT	1.3 STREET ADDRESS	
CITY ST ZIP	N MIAMI FL	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MERLINO, WILLIE	2.2 NAME	
STREET ADDRESS	7777 N.E. BAY SHORE CT	2.3 STREET ADDRESS	
CITY ST ZIP	N MIAMI FL	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information contained on the 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 of this report, or on an attachment with an addition.

SIGNATURE: Merlino — SIGNATURE AND TYPED OR PRINTED NAME OF MATING OFFICER OR DIRECTOR

3-6-95 (305) 854-6507
Date — Daytime Phone

0142996 CP