FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

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

1996 8-7-96 B-70883 C

DOCUMENT # V07522 (8)

1. Corporation Name

BUYERS AGENTS OF AMERICA, INCORPORATED

Principal Place of Business	Mailing Address
1000 E. ATLANTIC STE 201 POMPANO BCH FL 33060 US	1000 E. ATLANTIC STE 201 POMPANO BCH FL 33060 US

2. Principal Place of Business	2a. Mailing Address
21 3221 OLEANDER WAY	26 3221 OLEANDER WAY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 POMPANO BEACH, FL	City & State 28 POMPANO BEACH, FL
Zip 24 33062 Country 25 ~~BRA~~ USA	Zip 29 33062 Country 30 USA

3. Date Incorporated or Qualified: 01/17/1992	3a. Date of Last Report: 08/08/1995
4. FEI Number: 65-0311633	☐ 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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

MARSH, FLOYD ODELL
3221 OLEANDER WAY
POMPANO BEACH FL 33062

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 607.1508, 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's signature is required when reinstating. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARSH, FLOYD O		1.2 NAME		
STREET ADDRESS	3221 OLEANDER WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARSH, FLOYD O		2.2 NAME		
STREET ADDRESS	3221 OLEANDER WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARSH, FLOYD O		3.2 NAME		
STREET ADDRESS	3221 OLEANDER WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL		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 (12/95)

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)(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: FLOYD MARSH — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — July 30, 1996 — Date — (954) 676-3215 — Daytime Phone #