**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 APR 24 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V07810 (7)

1. Corporation Name
BACAJE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % GEORGE E. HOVIS<br>481 E. HIGHWAY 50, 2ND FLOOR<br>CLERMONT FL 34711 | P.O. DRAWER 120040<br>CLERMONT FL 34712-0040 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/21/1992
3a. Date of Last Report: 05/01/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

4. FEI Number: 59-3113609 ☐ 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**

HOVIS, GEORGE E.
481 E. HIGHWAY 50
2ND FLOOR
CLERMONT FL 34711

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | MORLET, IANNICK | 1.2 NAME | |
| STREET ADDRESS | 13114 SKIING PARADISE BL | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLERMONT FL | 1.4 CITY-ST-ZIP | |
| TITLE | ST | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | SALLIN, VERONIQUE | 2.2 NAME | |
| STREET ADDRESS | 12104 LAKESHORE DR. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLERMONT FL 34711 | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | MORLET, JEREMIE | 3.2 NAME | |
| STREET ADDRESS | 13114 SKIING PARADISE BLVD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLERMONT FL 34711 | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | MORLET, BASILE | 4.2 NAME | |
| STREET ADDRESS | 13114 SKIING PARADISE BLVD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLERMONT FL 34711 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | MORLET, CAPUCINE | 5.2 NAME | |
| STREET ADDRESS | 13114 SKINING PARADISE BLVD. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLERMONT FL 34711 | 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)(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: IANNICK MORLET 04/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

904-424-2178

CP