FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # V07810 **(7)**

1. Corporation Name

BACAJE, INC.

Principal Place of Business	Mailing Address
% GEORGE E. HOVIS 481 E. HIGHWAY 50. 2ND FLOOR CLERMONT FL 34711	P.O. DRAWER 120848 CLERMONT FL 34712-0848

3. Date Incorporated or Qualified: **01/21/1992**

3a. Date of Last Report: **04/24/1995**

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

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

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 ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MORLET, IANNICK	
STREET ADDRESS	13114 SKIING PARADISE BL	
CITY-ST-ZIP	CLERMONT FL	
TITLE	ST	☐ DELETE
NAME	SALLIN, VERONIQUE	
STREET ADDRESS	12104 LAKESHORE DR.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	☐ DELETE
NAME	MORLET, JEREMIE	
STREET ADDRESS	13114 SKIING PARADISE BLVD.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	☐ DELETE
NAME	MORLET, BASILE	
STREET ADDRESS	13114 SKIING PARADISE BLVD.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	☐ DELETE
NAME	MORLET, CAPUCINE	
STREET ADDRESS	13114 SKINING PARADISE BLVD.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.96 Date (352) 429-2178 Daytime Phone #

CR2E034 (12/95)