

**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

FILED  
Jun 14 1996 8:00 am  
Secretary of State

**DOCUMENT #**

1. Corporation Name

BAY DRIVE, INC.

V08933

Principal Place of Business Mailing Address

|  |                                 |
|--|---------------------------------|
| 2. Principal Place of Business c/o Capuzzo | 2a. Mailing Address c/o Capuzzo |
| 21 1470 N. E. 123rd St.                    | 26 1470 N. E. 123rd St.         |
| Suite, Apt. #, etc.                        | Suite, Apt. #, etc.             |
| 22 707                                     | 27 707                          |
| City & State                               | City & State                    |
| 23 North Miami, FL                         | 28 North Miami, FL              |
| Zip Country                                | Zip Country                     |
| 24 33161-6071 25 USA                       | 29 33161 30 USA                 |

|  |                                |
|--|--------------------------------|
| 3. Date Incorporated or Qualified  | 3a. Date of Last Report        |
| 01-24-1992   |                                |
| 4. FEI Number  | Applied For                    |
| 59-0603186   | Not Applicable                 |
| 5. Certificate of Status Desired   | \$8.75 Additional Fee Required |
| <input type="checkbox"/>   |                                |
| 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be Added to Fees    |
| <input type="checkbox"/>   |                                |
| 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Piero Salussolia  
200 S. Biscayne Blvd.  
Ste. 4815  
Miami, FL 33131

|                  |   |          |                 |             |
|------------------|---|----------|-----------------|-------------|
| 81 Name          | 82 Street Address (P.O. Box Number is Not Acceptable) | 83       | 84 City         | 85 Zip Code |
| Marie B. Capuzzo | 1470 N. E. 123rd Street                               | Apt. 707 | North Miami, FL | 33161       |

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 *Marie B. Capuzzo*

5/31/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | P/D                           | <input type="checkbox"/> DELETE |
| NAME           | Natale Ambra                  |                                 |
| STREET ADDRESS | 16425 Collins Ave., Apt. 1215 |                                 |
| CITY-ST-ZIP    | Miami Beach, FL 33160         |                                 |
| TITLE          | V/D                           | <input type="checkbox"/> DELETE |
| NAME           | Tommaso Franci                |                                 |
| STREET ADDRESS | 16425 Collins Ave., Apt. 1215 |                                 |
| CITY-ST-ZIP    | Miami Beach, FL 33160         |                                 |
| TITLE          | T/D                           | <input type="checkbox"/> DELETE |
| NAME           | Otello Damiani                |                                 |
| STREET ADDRESS | 16425 Collins Ave., Apt. 1215 |                                 |
| CITY-ST-ZIP    | Miami Beach, FL 33160         |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS | 800001867588   |
| 2.4 CITY-ST-ZIP    | -06/19/96--01106--013  |
|                    | ****225.00 ****225.00  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | Marie B. Capuzzo   |
| 4.3 STREET ADDRESS | 1470 N.E. 123rd St., Apt. 707  |
| 4.4 CITY-ST-ZIP    | North Miami, FL 33161-6071   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Marie B. Capuzzo*, Secretary 5/31/96 (305) 890-2553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)