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Secretary of State

03-06-1999 90095 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V08933**

1. Corporation Name
BAY DRIVE, INC.



Principal Place of Business: % CAPUZZO, 1470 NE 123RD STREET, #707, NORTH MIAMI FL 33161
 Mailing Address: % CAPUZZO, 1470 NE 123RD STREET, #707, NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 3300 N.E 191st, Suite, Apt. #, etc. 22 302, City & State 23 AVENTURA, FL, Zip 24 33180, Country 25 U.S.A.
 2a. Mailing Address: 26 3300 N.E 191st, Suite, Apt. #, etc. 27 # 302, City & State 28 AVENTURA, FL, Zip 29 33180, Country 30

3. Date Incorporated or Qualified: 01/24/1992
 4. FEI Number: 59-0603186, 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 owes the current year intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent: CAPUZZO, MARIE B, 1470 NE 123RD STREET, APT. 707, NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent: 81 Name: MARIE B. CAPUZZO, 82 Street Address (P.O. Box Number is Not Acceptable): 3300 N.E 191st # 302, 83, 84 City: AVENTURA, FL, 85 Zip Code: 33180

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE: 2/22/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AMBRA, NATALE	
STREET ADDRESS	16425 COLLINS AVENUE, APT. 1215	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FRANCI, TOMMASO	
STREET ADDRESS	16425 COLLINS AVENUE, APT. 1215	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DAMIANI, OTELLO	
STREET ADDRESS	16425 COLLINS AVENUE, APT. 1215	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CAPUZZO, MARIE B	
STREET ADDRESS	1470 NE 123RD STREET, APT. 707	
CITY-ST-ZIP	NORTH MIAMI FL 33161-6071	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	3300 N.E 191st # 302
4.4 CITY-ST-ZIP	AVENTURA, FL. 33180
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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 2/22/99 (305) 932-2233
 DATE DAYTIME PHONE #

CR2E034 (1/98)