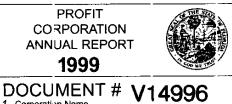
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPAF:TMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90128 044 ***150.00

BAD PUI	PPY INC.									
Principal Place	e of Business		Mailing Address				- 1 TOWN ASSUMPTION OF MANNEY SOLDER	II W W I I I W I I I	1841 WIWII WIWII I	##### #### ###########################
1582 MADRUGA AVE 1582 MADRUGA AVE										
CORAL GABLES FL 33146 CORAL GABLES FL 33146							DO NOT WRI	E IN THES	SPACE	
							Date Incorporated or Qualifed			
							02/17/1992			
2 Dringing 2	lace of Business		2a. Mailing Address		—–		4. FEI Number		Ar	pli ed For
¬ '	lace of business		26	,			65-03 16036			ot Applicable
Suite, Ap . #, etc.			Suite, Apt. #, etc.						\$8.75	
22			27				5. Certificate of Status Desired		Fee Re	
City & State			City & State			6. Election Campaign Financing		\$5.00	May Be	
23			28			Trust Fund Contribution		Added	to l ⁻ ees	
Zip	Count	ry	Zip	Çoı	intry		8. This corporation owes the curr	ent year Int	angible	
24	25		29	30			Personal Property Tax.		Yes	□ No
	9. Name and Addr	ess of Current	Registered Agent		_		10. Name and Address of New F	egisterec	Agent	
					81	Name				
MURDOCK, PATRICK E.					82	Street Adc	ress (P.O. Box Number is Not Accepta	bie)		
1582 MADRUGA AVE CORAL GABLES FL 33146										
CUH	IAL GABLES PL 331	40			83					
					84	City			85 Zip	Co le
						_		FI	•	5.44
11. Pursuant office or r agent. I a	to the provisions of Se egistered agent, or bot im familiar with, and ac	ctions 607.0502 h, in the State of opt the obligati	f Flonda, Such change ons of, Section 607,050	was authorized 05, Florida Stat	bove by utes	the corporat	poration submits this statement for the on's board of directors. I hereby accept	t the appoi	intment as re	gistered
SIGNATURE:	Signature, typed or printed hap	3- 161	ITCL III UNDOC		Ager	SCHOOL T	ed when reinstating)	9/0	9 11	
12.		OFFICERS AND		13.			ADDITIO IS/CHANGES TO OF	FICERS A	ND DIRECTO	ORS IN 12
TITLE	CPD		☐ DELE	TE 11T	TLE				☐ Change	Addition
NAME	MURDOCK, PATRI	CK E.		1.2 N	AME					
STREET ADDRESS	4500 144000004			1.3 S	TREET	T ADDRESS				1
CITY-ST-ZIP	CORAL GABLES F			1.4 C	ITY-S	T-ZIP				
TITLE		-7.	☐ DELE						Change	☐ Addition
NAME				2.2 N	AME					-
STREET ADDRESS				2.3 \$	TREE	TADDRESS				
CfTY-ST-ZIP	·			2.40	ITY-S	ST-ZIP				
TITLE			☐ DELE	TE 3.1 T	TLE				Change	☐ Addition
NAME				3.2 N	AME					
STREET ADDRESS				3.3 \$	TREE	T ADDRESS				-
CITY-ST-ZIP	İ			3.4.0	ITY-S	ST-ZIP				
TITLE			☐ DELE	ETE 4.1 T	TLE				Change	☐ Addition
NAME				4.21	IAME					
STREET ADDRESS				4.3 S	TREE	TADDRESS				
CITY-ST-ZIP				4.4 C	ITY-S	T-ZIP				
TITLE			☐ DELI	ETE 5.1 T	TLE				Change	Addition
NAME		-		5.2 N	AME					
STREET ADDRESS				5.3 9	TREE	TADDRESS				
CITY-ST-ZIP						iT-ZIP				
TITLE			☐ DEL	ETE 61T	TLE				Change	☐ Addition
NAME				6.2 N	AME					
STREET ADDRESS				6.3 9	TREE	TADDRESS				ŀ
	1			640	TY-S	T_7/P				

14. Thereby 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 indicate 1 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 changes, or one attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)