FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** May 18 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (6)BACCARAT INVESTMENT, INC. Principal Place of Business Mailing Address 200 S.E. 15TH ROAD 200 S.E. 15TH ROAD # 16-D # 16-D DO NOT WRITE IN THIS SPACE MIAMI FL 33129 MIAMI FL 33129 3. Date Incorporated or Qualified US 08/14/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 7200 NW 65-0418200 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 333 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Miani 23 Trust Fund Contribution Added to Fees Ζip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ZIV, JAY 200 S.E. 15TH ROAD Street Address (P.O. Box Number is Not Acceptable) # 18-D 83 **MIAMI FL 33129** 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** Signature, typed or printed name of registered agent and title if applicable (NOTI: Registered Agrint signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 THLE TITLE ZIV. JAY 1.2 NAME NAME 200 S.E. 15TH RD. SUITE 16-D 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE HALE, CURTIS B NAME 2.2 NAME 9955 N.W. 116TH WAY, # 10 STREET ADDRESS 2.3 STREET ADDRESS MEDLEY FL 33178 CITY-ST-ZIP 2.4 City - ST- ZIP DELFTE Change Addition TITLE 3.1 THLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TO LE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 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

CITY-ST-ZIP

Block 12 or Block 13 if changed or on an attachment with an address.

4.30-98 305-262-3030