

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # V57975 (7)

1. Corporation Name

BACK BAY FINANCIAL INVESTMENTS, INC.

Principal Place of Business

1110 BRICKELL AVENUE  
SUITE 502  
MIAMI FL 33131  
US

Mailing Address

1110 BRICKELL AVENUE  
SUITE 502  
MIAMI FL 33131  
US

FILED  
May 04 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1992

4. FEI Number

65-0402473

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1110 Brickell Avenue

Suite, Apt. #, etc.

22 502

City & State

23 Miami FL

Zip

24 33131

Country

25 US

2a. Mailing Address

26 1110 Brickell Avenue

Suite, Apt. #, etc.

27 502

City & State

28 Miami FL

Zip

29 33131

Country

30 US

9. Name and Address of Current Registered Agent

TRELLES, ALBERTO N.  
815 PONCE DE LEON BLVD  
STE 200  
CORAL GABLES FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE

NAME MALAVE, ARTURO  
STREET ADDRESS 1110 BRICKELL AVE., STE 502  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME MALAVE, ARTURO  
STREET ADDRESS 1110 BRICKELL AVE., STE 502  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP/Director ☐ Change ☒ Addition

1.2 NAME Carlos F. Lahrssen  
1.3 STREET ADDRESS 1110 Brickell Avenue, Ste 502  
1.4 CITY-ST-ZIP Miami, FL 33131

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 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.

SIGNATURE:

CARLOS LAHRSEN

4/27/98

(305)358-1000

CR2E034 (10/97)