

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

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Jun 01, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P98000096441

1. Corporation Name
BAUER EXPORT SERVICES, INC.



Principal Place of Business Mailing Address
~~228 CENTER STREET~~ ~~228 CENTER STREET~~
~~SUITE A6B~~ ~~SUITE A6B~~
~~JUPITER FL 33458~~ ~~JUPITER FL 33458~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 One Brickell square 26 One Brickell Square
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 801 Brickell Avenue 27 801 Brickell Ave
 City & State City & State
 23 Miami, FL 28 Miami, FL
 Zip Country Zip Country
 24 33131 25 Dade 29 33131 30 Dade

3. Date Incorporated or Qualified
11/17/1998
 4. FEI Number **65-0892961** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution
 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
SKRIVARHAUG, ERLAND
~~228 CENTER STREET~~
~~SUITE A6B~~
~~JUPITER FL 33458~~

10. Name and Address of New Registered Agent
 81 Name **Skrivarhaug, Erland**
 82 Street Address (P.O. Box Number is Not Acceptable) **One Brickell Square**
 83 **801 Brickell Avenue, 9th Floor**
 84 City **Miami,** 85 Zip Code **FL 33131**

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. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHRIVARHAUG, ERLAND	
STREET ADDRESS	228 CENTER STREET SUITE A6B	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		CHANGED	ADDED
11 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
12 NAME	OneBrickell Square		
13 STREET ADDRESS	801 Brickell Avenue, 9th Floor		
14 CITY-ST-ZIP	Miami, FL 33131		
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 type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
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: **ERLAND SKRIVARHAUG** 6/2/99 1-954-455-5030
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)