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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 149070 1. Corporation Name

Corporation Name

BARFIELD INC.

Principal Place of Business

Mailing Address

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90033 032 ***158.75



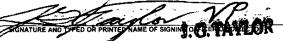
			_		,					
4101 N.W. 29TH STREET Miami Fl 33142		4101 N.W. 29TH STREET MIAMI FL 33142			į	DO NOT WRITE IN THIS	SPAC	E		
						3. Date Incorporated or Qualifed		_		
					1	10/31/1946				
2. 1	Principal Place of Business	2a	. Mailing Address			4. FEI Number		Applied For		
1		26				59-0556588		Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5 Certificate of Status Desired		.75 Additional		
22		27				Cermicate of Status Desired	F	ee Required		
, (City & State		City & State			6. Election Campaign Financing	\$5	5.00 May Be		
23	-	28				Trust Fund Contribution	A	dded to Fees		
7	Zip Country		Žip Coe	untry	′	8. This corporation owes the current year Inta	angible			
4	25	29	30			Personal Property Tax.	☐ Ye	s 🗆 No		
	9. Name and Address of Current	Regi	stered Agent	10. Name and Address of New Registered Agent						
	CT CORPORATION SYSTEM	<u> </u>		81	Name	·.				
1200 S. PINE ISLAND ROAD				82	Street Address (P.O. Box Number is Not Acceptable)					
					3					
				84	City	FI	85	Zip Code		
				1	1	⊢ 1	1 I			

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 Storaghure typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstatung) DATE												
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Reg		ADDITIONS/CHANGES TO OFFICERS A								
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition						
TITLE	D	DELETE	1.1 TITLE	, ,	Criange	Acuiton						
NAME	BARFIELD, J W		1.2 NAME	•		;						
STREET ADDRESS	4101 N W 29TH ST		1.3 STREET ADDRESS		,							
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY-ST-ZIP									
TITLE	V] DELETE	2.1 TITLE		☐ Change	☐ Addition						
NAME	LATHROP, HARRY A		2.2 NAME	•		,						
STREET ADDRESS	1478 CENTRAL AVE		2.3 STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·							
CITY-ST-ZIP	TATLANTA GA		2.4 CITY-ST-ZIP									
TITLE	SD	DELETE	3.1 TITLE	`.	☐ Change	Addition						
NAME	MATHISEN, RAYMOND		3.2 NAME			}						
STREET ADDRESS	4101 NW 29TH ST.		3 3 STREET ADDRESS			1						
CITY-ST-ZIP	MIAMI, FL 00000		3.4. CITY-ST-ZIP									
TITLE	VD	DELETE	4.1 TITLE	V	Change	☐ Addition						
NAME	TAYLOR, JAMES G		4. 2 NAME									
STREET ADDRESS	4101 NW 29TH ST		4.3 STREET ADDRESS			1						
CITY-ST-ZIP	MIAMI FL .	,	4.4 CITY-ST-ZIP									
TITLE	PD	DELETE	5.1 TITLE		∴ Change	Addition						
NAME	PAGANINI, MARC	`	5.2 NAME									
STREET ADDRESS	4101 NW 29TH ST		5.3 STREET ADDRESS		•	_						
CITY-ST-ZIP	MIAMI FL		5.4 CITY+ST-ZIP									
TITLE		DELETE	6.1 TITLE	PCEO	Change	Addition						
NAME				GEORGES XAVIER PHILIBERT								
STREET ADDRESS			6.3 STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
CITY-ST-ZIP			6.4 CITY-\$T-ZIP	MIAMI FL 33/4Z								

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: -



1-13-99

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