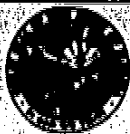


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:00

DOCUMENT # **G71063**

(3)

1. Corporation Name

BARCELO INTERNATIONAL CORPORATION

Principal Place of Business

**150 S.E. 2 AVE.
SUITE 806
MIAMI FL 33131**

Mailing Address

**150 S.E. 2 AVE.
SUITE 806
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/21/1983

3a. Date of Last Report

03/28/1994

4. FEI Number

59-2347051

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**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LUIS, SANTOS
1228 WEST AVENUE
#804
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name

Jose Salinas

82 Street Address (P.O. Box Number is Not Acceptable)

150 S.E. 2nd Avenue

83

Suite 806

84 City

Miami

FL

85 Zip Code

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

BARCELO, GABRIEL

ROBERT MOTTA 22

PALMA DE MALLORCA, SP.

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

SIMON PEDRO BARCELO

ROBERT MOTTA 22

PALMA DE MALLORCA SP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

BARCELO, MARIA A.

ROBERT MOTTA 22

PALMA DE MALLORCA, SP.

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T

BARCELO, SEBASTIAN

SIERRA VENTANA #875

MEXICO, 10, D.F.

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

M

SANTOS, LUIS

1228 WEST AVE #806

MIAMI BCH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P/D

☒ Change

☐ Addition

1.2 NAME

Barcelo Vadell, Simon Pedro

1.3 STREET ADDRESS

Robert Motta 22

1.4 CITY - ST - ZIP

Palma de Mallorca, SP

2.1 TITLE

V

☒ Change

☐ Addition

2.2 NAME

Barcelo Tous, Simon

2.3 STREET ADDRESS

Robert Motta 22

2.4 CITY - ST - ZIP

Palma de Mallorca, SP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

T/D

☒ Change

☐ Addition

4.2 NAME

Barcelo Tous, Antonia

4.3 STREET ADDRESS

Robert Motta 22

4.4 CITY - ST - ZIP

Palma de Mallorca, SP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

Controller

☐ Change

☒ Addition

6.2 NAME

Salinas, Jose

6.3 STREET ADDRESS

150 S.E. 2nd Avenue, Suite 806

6.4 CITY - ST - ZIP

Miami, Florida 33131

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(k), 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 of this document or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

02/10/95 (305)-374-0045

Date

Telephone Number