

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90281 013 ***150.00

DOCUMENT # M58119
1. Corporation Name
BARINAGA INSURANCE AGENCY INC.

452400-90281-13

Principal Place of Business Mailing Address
1250 SW 27 AV #204
MIAMI, FL. 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
AUG 27, 1987

2. Principal Place of Business 2a. Mailing Address
21 1250 SW 27 AV #204 26 1250 SW 27 AV #204
22 Suite, Apt. #, etc. #204 27 Suite, Apt. #, etc.
23 City & State MIAMI, FL. 28 MIAMI, FL. 33135
24 Zip 33135 25 Dade 29 33135 30 Dade

4. FEI Number 65-0004455 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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
CARLOS M. MACHADO ESQ.
1000 BRICKELL AV SUITE 610
MIAMI, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE PRES, DIRECTOR
NAME JORGE L. BARINAGA
STREET ADDRESS 1250 SW 27 AV #204
CITY-ST-ZIP MIAMI, FL. 33135
TITLE SEC, TREASURER, DIRECTOR
NAME JUAN C. BARINAGA
STREET ADDRESS 1250 SW 27 AV #204
CITY-ST-ZIP MIAMI, FL. 33131
TITLE DIRECTOR
NAME SAIDY S. BARINAGA
STREET ADDRESS 1250 SW 27 AV #204
CITY-ST-ZIP MIAMI, FL. 33135

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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: Jorge L. Barinaga JORGE L. BARINAGA 4/23/99 305-643-4033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT

CR2E034 (11/98)