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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 21 PM 4:33

SECRET
TALLAHASSEE, FLORIDA

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****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P94000071402 (9)

1. Corporation Name

~~E-BARRA INC~~ Ybarra and Associates, P.A.

Principal Place of Business

Mailing Address

% JANA VERNESE

11601 OTTER RUN
LAKE WORTH FL 33467

% JANA VERNESE

11601 OTTER RUN
LAKE WORTH FL 33467

301 W. Ocean Avenue
#3
Lantana FL
33462

2. Principal Place of Business

2a. Mailing Address

21 4544 Dolphin Dr.

26 4544 Dolphin Dr.

Suite, Apt #, etc

Suite, Apt #, etc

22 City & State

27 City & State

23 Lake Worth Florida

28 Lake Worth FL

24 Zip

25 Country

29 Zip

30 Country

33463

P.B.

33463

P.B.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YBARRA, DAVID
4544 DOLPHIN DRIVE
LAKE WORTH FL 33463

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 the 2 applicable

NOTE: Registered Agent signature required when re-electing

(2/1)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME YBARRA, DAVID
STREET ADDRESS 4544 DOLPHIN DRIVE
CITY, ST, ZIP LAKE WORTH FL 33463

11 TITLE President
12 NAME David Ybarra
13 STREET ADDRESS 4544 Dolphin Dr
14 CITY, ST, ZIP Lake Worth FL 33463

TITLE D
NAME VERNESE, JANA
STREET ADDRESS 11601 OTTER RUN
CITY, ST, ZIP LAKE WORTH FL 33467

21 TITLE Director, V.P., Secretary, Treasurer
22 NAME Verneese, Jana
23 STREET ADDRESS 301 W Ocean Ave
24 CITY, ST, ZIP #391 Lantana Terrace #3 Lantana FL 33467

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

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 119.07(3)(g), 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:

Jana Vernese
Jana Vernese

1-20-95

407-940-7679

SB5-3824

CP