

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000061671 (0)**

1. Corporation Name
ROBERT I. BARRAR, P.A.



Principal Place of Business: **8170 SOUTHWEST 142ND TERRACE MIAMI FL 33158**
Mailing Address: **8170 SOUTHWEST 142ND TERRACE MIAMI FL 33158**

2. Principal Place of Business: **333 N.E. 23rd St., Miami, Florida 33137**
2a. Mailing Address: **333 N.E. 23rd St., Miami, Fla. 33137**
23. City & State: **Miami, Florida**
24. Zip: **33137**
25. Country: **Dade, Vis.**
26. City & State: **Miami, Fla.**
27. Zip: **33137**
28. Country: **Dade, Vis.**

3. Date Incorporated or Qualified: **08/09/1995**
3a. Date of Last Report: **N/A**
4. FEI Number: **65-0628585**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent
81 Name: **Robert I. Barrar**
82 Street Address (P.O. Box Number is Not Acceptable): **333 N.E. 23rd St.**
83
84 City: **Miami, FL 85 Zip Code: 33137**

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 provisions of, Section 607.0509, Florida Statutes.

SIGNATURE: *Robert I. Barrar* **Robert I. Barrar President 4-4-96**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input checked="" 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

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	President Robert I. Barrar
13 STREET ADDRESS	333 N.E. 23rd St
14 CITY- ST- ZIP	Miami, Fla 33137
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	vice-president Robert I. Barrar
23 STREET ADDRESS	333 N.E. 23rd St.
24 CITY- ST- ZIP	Miami, Fla 33137
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Secretary Robert I. Barrar
33 STREET ADDRESS	333 NE 23rd St.
34 CITY- ST- ZIP	Miami, Fla 33137
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Treasurer Robert I. Barrar
43 STREET ADDRESS	333 NE 23rd St.
44 CITY- ST- ZIP	Miami, Fla 33137
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Director Robert I. Barrar
53 STREET ADDRESS	333 NE 23rd St.
54 CITY- ST- ZIP	Miami, Fla 33137
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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)(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 if changed, or on an attachment with an address.

SIGNATURE: *Robert I. Barrar* **Robert I. Barrar President 4-4-96 (305) 570-5600**

CR2E034 (12/95)