


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

FILED
May 28 1997 8:00am
Secretary of State

 <p>PROFIT CORPORATION ANNUAL REPORT 1997</p>	<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # P96000031987
 1. Corporation Name
BARREDA ENTERPRISES, INC.

Principal Place of Business _____ Mailing Address _____

3. Date Incorporated or Qualified _____ 3a. Date of Last Report _____

2. Principal Place of Business 21 2029 N.W. 29 St. Suite, Apt. #, etc. 22 _____	2a. Mailing Address 26 _____ Suite, Apt. #, etc. 27 P.O. Box 245155 City & State 28 PEMBROKE PINES, FL. City & State 29 _____ Zip 30 33024	4. FEI Number 65-0659539 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 MIAMI, FL. City & State 24 33142 Zip 25 _____ Country	28 PEMBROKE PINES, FL. City & State 29 _____ Zip 30 33024	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

81 Name
JORGE L. RUIDIAZ
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **2029 N.W. 29 St.**
 84 City **MIAMI** **FL** 85 Zip Code **33142**

10. Name and Address of New Registered Agent

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 *Jorge L. Ruidiaz* (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D.P	<input checked="" type="checkbox"/> DELETE
NAME	OMAR BARREDA	
STREET ADDRESS	6470 S.W. 38 St.	
CITY-ST-ZIP	MIAMI, FL. 33155	
TITLE	V,S	<input checked="" type="checkbox"/> DELETE
NAME	IVAN D. OCHOA	
STREET ADDRESS	8924 S.W. 25 St.	
CITY-ST-ZIP	MIAMI, FL. 33165	
TITLE		<input 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

1.1 TITLE	D,P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JORGE LUIS RUIDIAZ	
1.3 STREET ADDRESS	2029 N.W. 29 St.	
1.4 CITY-ST-ZIP	MIAMI, FL. 33142	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do 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.

SIGNATURE: *Jorge L. Ruidiaz* Date: **4/23/97** (305) 898-4612

CR2E034 (9/96)