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**Mar 20 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # V24468 (3)

**1. Corporation Name
BARTOLA INVESTMENTS CORPORATION**



Principal Place of Business
141 ISLAND DRIVE
KEY BISCAYNE FL 33149

Mailing Address
141 ISLAND DRIVE
KEY BISCAYNE FL 33149-2409

3. Date Incorporated or Qualified
03/27/1992

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0340514

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

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent
ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAG
101 MADEIRA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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:** _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

DELETE

TITLE: PD
NAME: ESTRADA, ALBERTO
STREET ADDRESS: 141 ISLAND DR.
CITY-ST-ZIP: KEY BISCAYNE FL 33149

DELETE

TITLE: SD
NAME: VALDES, SARA M
STREET ADDRESS: 141 ISLAND DRIVE
CITY-ST-ZIP: KEY BISCAYNE FL 33149

DELETE

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

DELETE

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

DELETE

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

Change Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

Change Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

Change Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

Change Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

Change Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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 and changed, or on an attachment with an address.

SIGNATURE: *Alberto Estrada* **DATE:** 03/13/97 **(302) 361-0713**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)