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PROFIT CORPORATION **ANNUAL REPORT** 1998 DOCUMENT # Principal Place of Business 2. Principal Place of Business Suite, Apt. #, etc 22 23 **MIAMI FL 33145** 11. Pursuant to the prov

ELORIDA DEPARTMENT DE STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

(3)

## **FILED** Mar 18 1998 8:00am Secretary of State

THE BARED AND COMPANY, INC. Mailing Address 7841 NW 56 ST. MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/15/1977 20. Mailing Address 4. FEI Number Applied For 26 59-1748566 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees Ζip Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BARED & ASSOCIATES, P.A. 3191 CORAL WAY, THIRD FLOOR 82 Street Add MADISON CIRCLE BUILDING 83 84 0002 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered late of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered bligations of, Section 607.0505, Florida Statutes. office or registered agent. I am familiar SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CRZE034 (10/97 12. DELETE Addition TITLE 1.1 TITLE BARED, CARLOS E. NAME 1.2 NAME 8534 NW 70 St MIAMI FL 33166 7841 N.W. 56TH STREET STREET ADDRESS 1,3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition 2 1 TITLE TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 City-St-ZiP Change Addition DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ■ Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 frue 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 13 if changed, or on a replachment with any address.

SIGNATURE:

3/12/98

(305)592-4710