

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **149070** (5)  
1. Corporation Name  
**BARFIELD INC.**



Principal Place of Business: **4101 N.W. 29TH STREET MIAMI FL 33142**  
Mailing Address: **4101 N.W. 29TH STREET MIAMI FL 33142**

3. Date Incorporated or Qualified: **10/31/1946**  
3a. Date of Last Report: **02/27/1995**  
4. FEI Number: **59-0556588**  
Applied For:  Not Applicable  
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

21. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
22. Suite, Apt. #, etc. City & State Zip Country  
23. City & State Zip Country  
24. Zip Country  
25. Country Zip Country  
26. Mailing Address: Suite, Apt. #, etc. City & State Zip Country  
27. Suite, Apt. #, etc. City & State Zip Country  
28. City & State Zip Country  
29. Zip Country  
30. Zip Country

**9. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

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 607.1503, 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 corporation

(NOTE: Registered Agent signature required when re-filing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>D</b>	<b>BARFIELD, J W</b> 4101 N W 29TH ST MIAMI, FL 00000	<input type="checkbox"/> DELETE	
TITLE: <b>V</b>	<b>LATHROP, HARRY A</b> 1478 CENTRAL AVE ATLANTA GA	<input type="checkbox"/> DELETE	
TITLE: <b>SD</b>	<b>MATHISEN, RAYMOND</b> 4101 NW 29TH ST. MIAMI, FL 00000	<input type="checkbox"/> DELETE	
TITLE: <b>D</b>	<b>DEBRUN, PHILIPPE</b> 4101 N W 29TH ST MIAMI, FL 00000	<input type="checkbox"/> DELETE	
TITLE: <b>VD</b>	<b>TAYLOR, JAMES G</b> 4101 NW 29TH ST MIAMI FL	<input type="checkbox"/> DELETE	
TITLE:		<input type="checkbox"/> DELETE	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
6.2 NAME	<b>P/CEO</b>
6.3 STREET ADDRESS	<b>MARC PAGANINI</b>
6.4 CITY-ST-ZIP	<b>4101 NW 29TH STREET MIAMI FL 33142</b>

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96 (305) 8762351  
DATE OF FILING

CR2E034 (12/95)