

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 164853 (4)

1. Corporation Name

BARNES DETECTIVE AGENCY'S AUTOMOBILE RECOVERY BU
REAU, INC.



Principal Place of Business

Mailing Address

3581 N W 31ST STREET
MIAMI FL 33142

3581 N W 31ST STREET
MIAMI FL 33142

3. Date Incorporated or Qualified
04/13/1951

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-0643075

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGERS, JAMES
5881 SW 25TH STREET
HOLLYWOOD, FL
33023

81 Name

Armando Martinez

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

3581 N.W. 31st St

83

84 City

Miami

FL

85 33142

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 *Armando Martinez*

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when removing agent.)

DATE

6-10-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BARNES, LORNA LOU
STREET ADDRESS 3581 N.W. 31ST
CITY-ST-ZIP MIAMI FL

DELETE

11 TITLE President
12 NAME Lorna Fox
13 STREET ADDRESS 3581 N.W. 31st St
14 CITY-ST-ZIP Miami, Fla 33142

Change Addition

TITLE T
NAME BARNES, LORNA LOU
STREET ADDRESS 3581 N.W. 31ST
CITY-ST-ZIP MIAMI FL

DELETE

21 TITLE Lorna Fox
22 NAME Lorna Fox
23 STREET ADDRESS 3581 N.W. 31st St
24 CITY-ST-ZIP Miami, Fla 33142

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lorna Fox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-96

Date

305-635-1491

Phone Number

CR2E034 (3/96)