

SECURED NOTICE: INFORMATION WILL BE UNCLASSIFIED ONE YEAR AFTER JANUARY 1, 2000.
EXEMPT FROM GDS OR DECLASS. DATE: DATE OF DECLASS. DATE: UNCLASSIFIED DATE TO RECLASSIFY: DATE

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 355527

(3)

1. Corporation Name

BAR ZAC INC

Principal Place of Business

**2905 SW 3RD AVE.
MIAMI FL 33129**

Mailing Address

**2905 SW 3RD AVE.
MIAMI FL 33129**

FILED

95 JUL 25 AM 8:13

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1969

3a. Date of Last Report

03/15/1994

4. FEI Number

62-0851194

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BARKET, GEORGE E.
2935 SW 3RD AVE.
MIAMI FL 33129**

10. Name and Address of New Registered Agent

01 Name

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

03

04 City

FL

05 Zip Code

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

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

(b)(3)(F) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PD
ZACUR, BARACAT
1550 SARGOSSA AVENUE
CORAL GABLES FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**TD
BARKET, KELLY
1321 RED ROAD
CORAL GABLES FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**SD
BARKET, GEORGE E.
2000 SW 4TH AVENUE
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(3)(b), 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:

Kelly Barket
TREASURY & DIRECTOR 7/27/95 (305) 244-3476
KELLY BARKET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR