

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morman
Secretary of State
1900 BANKERS BUILDING
TALLAHASSEE, FLORIDA 32399-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:28

DOCUMENT # **F93000004037 (8)**

BARUFO INVESTMENT INC.

Principal Place of Business: 72 WINDY GOLFWAY, DON MILLS, ONTARIO, CANADA, M3C 3A7
Mailing Address: 72 WINDY GOLFWAY, DON MILLS, ONTARIO, CANADA, M3C 3A7

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---------------------------|--|---------------------|--|--|--|---|--|
| 2. Fiscal Year End (Date) | | 2a. Mailing Address | | 3. Date Incorporated or Created | | 3a. Date of Last Report | |
| 21. State, Apt. #, etc. | | 2b. City & State | | 4. FEI Number | | Applied For | |
| 22. City & State | | 27. Zip | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| 23. Zip | | 28. Country | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | |
| 24. Country | | 29. Zip | | 30. Country | | 8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes | |
| 25. Country | | 30. Zip | | 30. Country | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| MCLAIN, GARY E 3310 WEST HILLSBORO BLVD. DEERFIELD BEACH FL 33442 | | | | 81. Name | | | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83. City | | | |
| | | | | 84. State | | | |
| | | | | 85. 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: _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| NAME | DCP BARRAIN, CHRISTIAN H 72 WINDY GOLFWAY, DON MILLS ONTARIO, CANADA M3C 3A7 | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | | 12 NAME | |
| 13 STREET ADDRESS | | 13 STREET ADDRESS | |
| 14 CITY, ST, ZIP | | 14 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 15 TITLE | | 15 TITLE | |
| 16 NAME | | 16 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17 STREET ADDRESS | | 17 STREET ADDRESS | |
| 18 CITY, ST, ZIP | | 18 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 19 TITLE | | 19 TITLE | |
| 20 NAME | | 20 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 STREET ADDRESS | | 21 STREET ADDRESS | |
| 22 CITY, ST, ZIP | | 22 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 23 TITLE | | 23 TITLE | |
| 24 NAME | | 24 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 25 STREET ADDRESS | | 25 STREET ADDRESS | |
| 26 CITY, ST, ZIP | | 26 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 27 TITLE | | 27 TITLE | |
| 28 NAME | | 28 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 29 STREET ADDRESS | | 29 STREET ADDRESS | |
| 30 CITY, ST, ZIP | | 30 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied on this filing is voluntarily furnished and that, not later than the receipt on stated in Sections 190.032(3)(a), Florida Statutes, I further certify that the information was not obtained from a confidential source and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation, in the absence of express authority, I am empowered to use the above report as required by Chapter 607, Florida Statutes, and that my name appears on the back of the report as an officer or director.

SIGNATURE: *Christian H Barrain* **Feb 12, 1995** (850) 929-5111
SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED OFFICE OR INDENTOR