

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000004037 (8)**

1. Corporation Name
BARUFO INVESTMENT INC.



Principal Place of Business: **72 WINDY GOLFWAY DON MILLS ONTARIO, CANADA, M3C 3A7**
Mailing Address: **2500 HOLLYWOOD BLVD SUITE 203 HOLLYWOOD FL 33020 US**

2. Principal Place of Business
21 ~~2800 E COMMERCIAL BLVD~~ 22 ~~213~~ 23 ~~FT LAUDERDALE FL~~ 24 ~~33308~~
2a. Mailing Address
26 ~~2800 E COMMERCIAL BLVD~~ 27 ~~213~~ 28 ~~FT LAUDERDALE FL~~ 29 ~~33308~~ 30 ~~USA~~

3. Date Incorporated or Qualified: **09/01/1993** 3a. Date of Last Report: **02/17/1995**
4. FEI Number: **65-0485312**
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
**MCCLAIN, GARY E
3310 WEST HILLSBORO BLVD.
DEERFIELD BEACH FL 33442**

10. Name and Address of New Registered Agent
81 Name: **BARRAIN Christian - Henri**
82 Street Address (P.O. Box Number is Not Acceptable): **2800E COMMERCIAL BLVD SUITE 213**
83 **FORT LAUDERDALE 33308**
84 City: **FL** 85 Zip Code: **33308**

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: *Christian Barrain de la Selva* **CHRISTIAN HENRI BARRAIN** **FEL 9 1995**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reappointing.) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DCP <input type="checkbox"/> DELETE	NAME: BARRAIN, CHRISTIAN H	1.1 TITLE: VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME: BARRAIN WITHAH CHERYL LYNN
STREET ADDRESS: 72 WINDY GOLFWAY, DON MILLS	CITY-ST-ZIP: ONTARIO, CANADA M3C 3A7	1.3 STREET ADDRESS: 1145 SW 154TH PLACE	1.4 CITY-ST-ZIP: MIAMI FL 33196
TITLE: VICE PRESIDENT <input type="checkbox"/> DELETE	NAME: VICE PRESIDENT	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	2.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	5.3 STREET ADDRESS: 800001760008	5.4 CITY-ST-ZIP: -03/27/96--01091--004
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.3 STREET ADDRESS: ***200.00	6.4 CITY-ST-ZIP: 2/3.22

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: *Christian Barrain de la Selva* **FEL 9 96 (954) 772 0028**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (OFFICE PHONE #)

CR2E034 (12/95)