

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

CORPORATION ANNUAL REPORT 1995

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



FILED

1995 JUL 13 AM 9:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 DO NOT WRITE IN THIS SPACE.

DOCUMENT # **G02418 (3)**

1. Corporation Name
BARRAQUIER, INC.

Principal Place of Business Mailing Address

~~2206 HOLLYWOOD BOULEVARD
 HOLLYWOOD FL 33020~~ **JACQUES & PAULE BARRAQUIER**
2601 VILLAGE BLVD. # 102
W. PALM BEACH, FL. 33409

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified **10/14/1982** 3a. Date of Last Report **04/07/1994**

4. FEI Number **58-2233786** 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

~~MANELLA, ROSS, ESQ.~~ **ZELL H. ALTMAN**
~~2206 HOLLYWOOD BOULEVARD
 HOLLYWOOD FL 33020~~ **219 N. DIXIE HIGHWAY**
LAKE WORTH - FL. 33460

10. Name and Address of New Registered Agent

81 Name **ZELL H. ALTMAN**

82 Street Address (P.O. Box Number is Not Acceptable)
219 N. DIXIE HIGHWAY

83

84 City **LAKE WORTH** FL 85 Zip Code **33460**

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]* DATE **6/30/95**

Signature, typed or printed name of registrant, agent, and title if applicable. (NOTE: Registered agent signature required when registering.)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------------|
| TITLE | PT |
| NAME | BARRAQUIER, JACQUES |
| STREET ADDRESS | 2601 VILLAGE BL APT 102 |
| CITY - ST - ZIP | WEST PALM BCH FL |
| TITLE | VS |
| NAME | BARRAQUIER, PAULE |
| STREET ADDRESS | 2601 VILLAGE BL APT 102 |
| CITY - ST - ZIP | WEST PALM BCH 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 | <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 type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

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)(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]* **JACQUES BARRAQUIER** 5-30-95 (407) 684-4514

SIGNATURE AND TITLED OR PRINTED NAME OF OFFICER OR DIRECTOR (Date) (Signature (Date))