FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:17

DOCUMENT # K36951 (7)

1. Corporation Name
CLIBAR, INC.

Principal Place of Business
13200 SW 128 ST #A2
MIAMI FL 33186

Mailing Address
13200 SW 128 ST #A2
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0075062 — 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 24 — Country 25
2a. Mailing Address — 26 — Suite, Apt # etc. — 27 — City & State — 28 — Zip 29 — Country 30

9. **Name and Address of Current Registered Agent**

LEE, BARRINGTON
10143 SW 118TH COURT
MIAMI FL 33186

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	LEE, BARRINGTON
STREET ADDRESS	10143 SW 118TH COURT
CITY-ST-ZIP	MIAMI FL
TITLE	PD
NAME	MORRIS, CLIVE
STREET ADDRESS	9234 SW 150TH AVE
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 (☐ Change ☐ Addition for each)

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(1)(i), 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] BARRINGTON LEE 5/1/95 305-251-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0203076 CP