

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L61678 (3)

1. Corporation Name
BARRIELLE INTERNATIONAL LTD., INC.

Principal Place of Business

% HOWARD PRICE
8197 SILVER PALM CT.
TAMARAC FL 33321

Mailing Address

% HOWARD PRICE
8197 SILVER PALM CT.
TAMARAC FL 33321-2728



3. Date Incorporated or Qualified
04/02/1990

3a. Date of Last Report
02/19/1996

2. Principal Place of Business
21 7820 NW 86th Terrace
Suite Apt. #, etc.

2a. Mailing Address
26 7820 NW 86th Terrace
Suite Apt. #, etc.

4. FEI Number
65-0200186

Applied For
Not Applicable

22 City & State
23 Tamarac, FL
Zip Country
24 33321 25

27 City & State
28 Tamarac, FL
Zip Country
29 33321 30

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

PRICE, ESTE L
8197 SILVER PALM CT.
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name Price, Este Lee
82 Street Address (P.O. Box Number is Not Acceptable)
7820 NW 86th Terrace
83
84 City Tamarac FL 85 Zip Code 33321

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOWARD PRICE	
STREET ADDRESS	8197 SILVER PALM COURT	
CITY - ST - ZIP	TAMARAC FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ESTEELEE PRICE	
STREET ADDRESS	8197 SILVER PALM COURT	
CITY - ST - ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7820 NW 86th Terrace
1.4 CITY - ST - ZIP	Tamarac, FL 33321
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	7820 NW 86th Terrace
2.4 CITY - ST - ZIP	Tamarac, FL 33321
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 does not qualify for the exemption stated in Section 119.07(3)(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: X *Howard Price*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)