

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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M09970** (8)
1. Corporation Name
LA BARATA, INC.



Principal Place of Business % JOSE MANUEL MATA 3905 S. LAKE AVENUE WEST PALM BEACH FL 33405-2106	Mailing Address % JOSE MANUEL MATA 3905 S. LAKE AVENUE WEST PALM BEACH FL 33405-2106
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 % JUAN TRIFIRO Suite, Apt. #, etc. 22 3905 S LAKE AVENUE City & State 23 WEST PALM BEACH FL Zip 24 33405-2106		2a. Mailing Address 26 % JUAN M. TRIFIRO Suite, Apt. #, etc. 27 3905 LAKE AVENUE City & State 28 WEST PALM BEACH FL Zip 29 33405-2106		3. Date Incorporated or Qualified 01/14/1985	
		4. FEI Number 59-2136351		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HOWE, MARIA ALEJANDRA 3905 S. LAKE AVENUE WEST PALM BEACH FL 33405		10. Name and Address of New Registered Agent 81 Name JUAN MARCELO TRIFIRO 82 Street Address (P.O. Box Number is Not Acceptable) 3905 S. LAKE AVE 83 84 City WEST PALM BEACH FL 85 Zip Code 33405	
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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 *Marisol Trifiro* DATE **1/21/98**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIFIRO, JUAN MARCELO	1.2 NAME	
STREET ADDRESS	3905 LAKE AVE. S.	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARISOL, TRIFIRO	2.2 NAME	
STREET ADDRESS	3905 LAKE AVE S	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 *Marisol Trifiro* DATE **1/21/98 (561) 550-1080**

CR2E034 (10/97)