

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 12:02

DOCUMENT # M13913 (2)

1. Corporation Name
BARRY W CORPORATION

Principal Place of Business 5300 SOUTHEAST FINANCIAL CENTER 200 SOUTH BISCAYNE BLVD. MIAMI FL 33131-9339	Mailing Address 5300 SOUTHEAST FINANCIAL CENTER 200 SOUTH BISCAYNE BLVD. MIAMI FL 33131-9339
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/12/1985	3a. Date of Last Report 03/08/1994
4. FEI Number 59-2524968	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent FLETCHER, JOHN S ESO 5300 SE FINANCIAL CENTER 200 S BISCAYNE BLVD MIAMI FL 33131-9339	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code
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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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPE, LESLIE T.	1.2 NAME	
STREET ADDRESS	10346 MOORPARK STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH HOLLYWOOD CA	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPE, ANTHONY J.	2.2 NAME	
STREET ADDRESS	4201 CATHEDRAL AVE NW	2.3 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC	2.4 CITY - ST - ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, JOHN S	3.2 NAME	
STREET ADDRESS	200 S BISCAYNE BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	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 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 in this annual report or supplied with annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am not the registered agent of the corporation and do not receive or intend to receive compensation for executing this report as required by Chapter 607, Florida Statutes; and that my name appears in this filing only as a registered agent, officer, director, or shareholder of the corporation.

SIGNATURE:  DATE: 2/6/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 (818) 769-6499
 0120062 CP