

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

2. Principal Place of Business: **5300 SOUTHEAST FINANCIAL CENTER, 200 SOUTH BISCAYNE BLVD., MIAMI FL 33131-9339**
2a. Mailing Address: **5300 SOUTHEAST FINANCIAL CENTER, 200 SOUTH BISCAYNE BLVD., MIAMI FL 33131-9339**

3. Date Incorporated or Qualified: **04/12/1985**
3a. Date of Last Report: **02/14/1995**
4. FEI Number: **59-2524968**
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
**FLETCHER, JOHN S ESQ
5300 SE FINANCIAL CENTER
200 S BISCAYNE BLVD
MIAMI FL 33131-9339**

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 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 the corporation (NAME) Registered Agent Signature typed or printed name of _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 this corporation or the receiver or trustee of the assets of this corporation as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE _____ DATE **3/1/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **818-769-6499**

CR2E034 (12/95)