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FILED
Apr 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M50358
1. Corporation Name
BARZAGA CORP.

(4)

Principal Place of Business

2020 NW 17 AVENUE
640 E 63 ST
MIAMI FL 33142
US

Mailing Address

C/O JUAN BARZAGA
640 E 63 ST
HALEAH FL 33013
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1987

4. FEI Number

59-2798033

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2020 NW 17 AVE

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 City & State

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

24 33142

25 USA

29

30

9. Name and Address of Current Registered Agent

BARZAGA, JUAN
640 E 63 ST
HALEAH FL 33013

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 *Juan Barzaga*
Signature, typed or printed name of registered agent and typed applicable

(NOTE: Registered Agent signature required when reinstating)

3/27/98
DATE

12. OFFICERS AND DIRECTORS

TITLE	VPS	<input type="checkbox"/> DELETE
NAME	BARZAGA, MERCEDES	
STREET ADDRESS	640 E 63RD STREET	
CITY-ST-ZIP	HALEAH FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BARZAGA, JUAN	
STREET ADDRESS	640 E 63RD STREET	
CITY-ST-ZIP	HALEAH 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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: *Juan Barzaga*

JUAN BARZAGA

205-3258388

CR2E034 (10/97)