FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M51462** (3)

1. Corporation Name

BARBA CONSTRUCTION CORP.

Principal Place of Business: 121 N.W. 68TH COURT, MIAMI FL 33126

Mailing Address: 121 N.W. 68TH COURT, MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2817663 ☐ 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 has liability for intangible tax under S. 199.032 Florida Statutes. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BARBA, ARMANDO
121 N.W. 68TH COURT
MIAMI FL 33126

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 617.0502, 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: *Armando Barba* — 5/3/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO.	
TITLE	PD	1) TITLE	☐ Change ☐ Addition
NAME	BARBA, ARMANDO	1) NAME	
STREET ADDRESS	121 N.W. 68TH CT.	1) STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1) CITY-ST-ZIP	
TITLE	VD	2) TITLE	☐ Change ☐ Addition
NAME	BARBA, NATIVIDAD	2) NAME	
STREET ADDRESS	121 NW 68TH CT.	2) STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2) CITY-ST-ZIP	
TITLE	TD	3) TITLE	☐ Change ☐ Addition
NAME	BARBA, ARMANDO DE JESUS	3) NAME	
STREET ADDRESS	121 NW 68TH CT.	3) STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3) CITY-ST-ZIP	
TITLE	SD	4) TITLE	☐ Change ☐ Addition
NAME	MONTEJO, LOURDES	4) NAME	
STREET ADDRESS	8380 SW 4TH ST.	4) STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4) CITY-ST-ZIP	
TITLE	MD	5) TITLE	☐ Change ☐ Addition
NAME	VALERO, LIZETTE	5) NAME	
STREET ADDRESS	525 SW 63RD CT	5) STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5) CITY-ST-ZIP	
TITLE		6) TITLE	☐ Change ☐ Addition
NAME		6) NAME	
STREET ADDRESS		6) STREET ADDRESS	
CITY-ST-ZIP		6) 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 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: *Armando Barba* — 5/3/95 — (305) 262-0664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0124284 CP