

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33126-4440
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/05/1987	3a. Date of Last Report 02/26/1996
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2817663		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BARBA, ARMANDO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	121 N.W. 68TH CT.	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE	VD BARBA, NATIMDAD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	121 NW 68TH CT.	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE	TD BARBA, ARMANDO DE JESUS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	121 NW 68TH CT.	3.2 NAME	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE	SD MONTEJO, LOURDES	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8380 SW 4TH ST.	4.2 NAME	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE	MD VALERO, LIZETTE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	525 SW 63RD CT	5.2 NAME	
STREET ADDRESS	MIAMI FL	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 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: *Armando Barba* ARMANDO BARBA PRESIDENT 4/28/97 (305) 333-3124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)