SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. \*\*AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham EHED **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 99 JAN 25 AM 11: 32 DOCUMENT # 1. Corporation Name (9) BARINA, INC. Mailing Address Principal Place of Business 3263 N.W. 61ST STREET 507 N. RAINBOW DR. **BOCA RATON FL 33496** HOLLYWOOD FL 33021 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/09/1988 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 59-2936658 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28] Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BRIGLIO, BARBARA 3263 N.W. 61ST STREET 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33496** 83 Zip Code 84 City 85 FL Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this stalement 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature (5/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition TITLE 1 1 TIFLE DELETE CR2E034 BRIGLIO, BARBARA 1.2 NAME NAME 3263 N.W. 61ST STREET 1 3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33496** 1.4 CITY-ST-2IP CITY-ST-ZIP 20000276**524**69-466 -02/04/33--01101--013 2 1 TITLE DELETE TITLE BRIGLIO, PHYLLIS 2 2 NAME NAME 507 N. RAINBOW DRIVE 2 3 STREET ADDRESS \*\*\*\*150.00 \*\*\*\*150.00 STREET ADDRESS HOLLYWOOD FL 33021 24 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME 200002765242-- 7 -02/04/99--01101--014 \*\*\*\*150.00||\*\*\*\*150490 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-2IP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6 1 TITLE 6 2 NAME NAME 6.3 STREET ADDRESS STREET ADDRES ₩4 CITY-ST-ZIP filing does not qualify for the exemption stated in section 119.07(3)(i). Florida Statutes. I further certify that the information all report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am or or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears and that my name appears. 14. I hereby certify that the information supplied with this filing d indicated on this annual report or supplemental annual report an officer or director of the corporation or the receiver or fin In Block 12 or Block 13 if changed, or open attachment with PRINTED NAME OF BIGNING OFFICER OR DIRECTOR 12/29/98 954-981-2405

SIGNATURE: