

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
JAMES H. BARNETT
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

**APPROVED
AND
FILED**

55 MAY -1 AM 4:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000001828 (1)

1. Corporation Name
BARPAM, INC.

Principal Place of Business
**10940 SW 106TH AVENUE
MIAMI FL 33176**

Mailing Address
**10940 SW 106TH AVENUE
MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/04/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 36-1582026	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 § 190 (F.S.) Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

**BLEMUR, PIERRE
10940 SW 106TH AVENUE
MIAMI FL 33176**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** **B5 Zip Code**

11. Pursuant to the provisions of Sections 601, 602, and 603, of the 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 603 (F.S.), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. TITLE D	1. NAME BLEMUR, PIERRE	1. TITLE	☐ Change ☐ Addition
2. STREET ADDRESS 10940 SW 106TH AVENUE	2. NAME	2. STREET ADDRESS	☐ Change ☐ Addition
3. CITY, ST, ZIP MIAMI FL 33176	3. STREET ADDRESS	3. CITY, ST, ZIP	☐ Change ☐ Addition
4. TITLE	4. NAME	4. STREET ADDRESS	☐ Change ☐ Addition
5. STREET ADDRESS	5. NAME	5. CITY, ST, ZIP	☐ Change ☐ Addition
6. CITY, ST, ZIP	6. STREET ADDRESS	6. CITY, ST, ZIP	☐ Change ☐ Addition
7. TITLE	7. NAME	7. STREET ADDRESS	☐ Change ☐ Addition
8. STREET ADDRESS	8. NAME	8. CITY, ST, ZIP	☐ Change ☐ Addition
9. CITY, ST, ZIP	9. STREET ADDRESS	9. CITY, ST, ZIP	☐ Change ☐ Addition
10. TITLE	10. NAME	10. STREET ADDRESS	☐ Change ☐ Addition
11. STREET ADDRESS	11. NAME	11. CITY, ST, ZIP	☐ Change ☐ Addition
12. CITY, ST, ZIP	12. STREET ADDRESS	12. CITY, ST, ZIP	☐ Change ☐ Addition

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)(b), Florida Statutes. I further certify that the information included 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 603, Florida Statutes, and that my name appears in Block 12 or Block 13 and changed, or my former name and address.

SIGNATURE: *Pierre R. Blemur* **Pierre R. Blemur** **4/30/95 (305) 541-0800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR