

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 14 AM 11: 54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000071794 (0)

1. Corporation Name

BAR RON TRUCKING CORP.

Principal Place of Business

Mailing Address

3410 GALT OCEAN DR
SUITE 1208 N
FT LAUDERDALE FL 33308

3410 GALT OCEAN DR
SUITE 1208 N
FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/15/1993** 3a. Date of Last Report **07/01/1994**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0442164

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangibles tax under s. 198.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOULIOS, PETER
~~MARKET, VICTORIA~~
3410 GALT OCEAN DR., SUITE 1208 N
FT. LAUDERDALE FL 33308

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

Signature, typed or printed name of registered agent and the filer (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE **P**
NAME **SOULIOS, PETER**
STREET ADDRESS **3410 GALT OCEAN DRIVE**
CITY - ST - ZIP **FT. LAUDERDALE FL 33308**

11 TITLE Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

12 NAME

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13 STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

14 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

15 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

16 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 110.07(3)(b), Florida Statutes. I further certify that the information indicated in 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 receiver or trustee empowered to execute this report as required by Chapter 997, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on my attachment with an address.

SIGNATURE:

Peter Soulios **PETER SOULIOS** 7/1/95 205-565-7168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date) (Typed Name)

CR2E034 (3/95)