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95 MAY -1 PM 4:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P94000021990 (4)

1. Corporation Name

DAVID J. BARCENAS, INC.

Principal Place of Business

1555 SOUTH FEDERAL HIGHWAY  
SUITE 305  
DEL RAY BEACH FL 33483

Mailing Address

1555 SOUTH FEDERAL HIGHWAY  
SUITE 305  
DEL RAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1994

3a. Date of Last Report

4. FEI Number

65-0477725

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 1143 W 60 ST

Suite, Apt. #, etc

22

City & State  
HIALEAH FL

Zip  
33012

Country  
UGA

2a. Mailing Address

26 1143 W 60 ST

Suite, Apt. #, etc

27

City & State  
HIALEAH FL

Zip  
33012

Country  
USA

9. Name and Address of Current Registered Agent

ANTON, JARED G  
1040 HARRISON STREET, SUITE 300  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name DAVID J. BARCENAS

82 Street Address (P.O. Box Number is Not Acceptable)

1143 W 60 ST

83

84 City HIALEAH

FL

85 Zip Code 33012

11. Pursuant to the provisions of Sections 607.032 and 607.038, 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 provisions of Sections 607.032 and 607.038, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when registering)

4/13/95

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST  
NAME BARCENAS, DAVID J  
STREET ADDRESS 1555 SOUTH FEDERAL HIGHWAY, SUITE 305  
CITY ST ZIP DEL RAY BEACH FL 33483

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME BARCENAS, DAVID J  
1.3 STREET ADDRESS  
1.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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 a resident or directed to reside in the State of Florida, or that I am empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as applicable, or both, of this report with an address.

SIGNATURE:

SIGNATURE AND TITLE OF CURRENTLY SERVING OFFICER OR DIRECTOR

4/13/95

(305) 823 6661