ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

FILED
95 APR 21 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000029688 (6)

1. Corporation Name
BARUAV, INC.

Principal Place of Business	Mailing Address
999 WASHINGTON AVE. MIAMI BEACH FL 33139	999 WASHINGTON AVE. MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/19/1994
3a. Date of Last Report:

2. Principal Place of Business
21 2363 NORTH MERIDIAN AV
22 Suite, Apt. #, etc.
23 City & State: MIAMI BEACH FL
24 Zip: 33140
25 Country:

2a. Mailing Address
26 2363 NORTH MERIDIAN AVE
27 Suite, Apt. #, etc.
28 City & State: MIAMI BEACH FL
29 Zip: 33140
30 Country:

4. FEI Number: 65-0485346 ☐ 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

9. Name and Address of Current Registered Agent

WASSERMAN, MARTIN W
999 WASHINGTON AVE.
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/D	☑ Change ☐ Addition
NAME	WASSERMAN, MARTIN W	1.2 NAME	WASSERMAN, MARTIN W.	
STREET ADDRESS	999 WASHINGTON AVE.	1.3 STREET ADDRESS	2363 NORTH MERIDIAN AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		2.1 TITLE	V/P + D	☐ Change ☑ Addition
NAME		2.2 NAME	WASSERMAN, DEBORAH Z.	
STREET ADDRESS		2.3 STREET ADDRESS	2363 N. MERIDIAN AVE	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: Martin W. Wass - Pres 3/13/95 305-672-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0148314 CP