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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P94000029688				
BARUAV, INC.	•				

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Principal Place of Business	Mailing Address		*			
2363 NORTH MERIDAN AVE. MIAMI BEACH FL 33140 US 2363 NORTH MERIDIAN AVE. MIAMI FL 33140 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
, .			04/19/1994			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For			
21	26		65-0485546 Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired			
City & State	City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country		untry	8. This corporation owes the current year Intangible Personal Property Tax.			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
		81 Name				
Wasserman, Martin W 2363 n Meridian ave		82 Street Addr	ress (P.O. Box Number is Not Acceptable)			
MIAMI BEACH FL 33140		83				
		84 City	FL 85 Zip Code			
44 D	12 and 607 1509 Elorida Statutos the s	hove named corn	poration submits this statement for the purpose of changing its registered			

Pursuant to the provisions of Sections 607 0502 and 607 1508, Florings Statutes, the above-limited corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Floring was floring was failed by the corporation's board of directors. I hereby accept the appointment as registered

agent. Fa	m familiar with, and accept the obligation	s 61, Section 607.0505, Fibili	da Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (NOTE: F	Registered Agent signature req	quired when reinstating)	DATE		
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES	ONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition	
NAME	WASSERMAN, MARTIN W		1.2 NAME				
STREET ADDRESS	2363 NORTH MERIDIAN AVE.		1.3 STREET ADDRESS	•			
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP		•		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change	Addition	
NAME	WASSERMAN, DEBORAH Z		2.2 NAME				
STREET ADDRESS	2363 N. MERIDIAN AVE.		2.3 STREET ADDRESS		0		
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP				
TITLE	IMINIMI DENOTTE	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
			3.4. CITY-ST-ZIP				
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		☐ Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS	•		4.3 STREET ADDRESS	. 0-			
			4.4 CITY-ST-ZIP				
TITLE	·	☐ DELETE	5.1 TITLE		☐ Change	Addition	
NAME		<u></u>	5.2 NAME				
	<u></u>		5.3 STREET ADDRESS				
STREET ADDRESS			5.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition	
		Jerric	6.2 NAME	•		_	
NAME			6.3 STREET ADDRESS	•			
STREET ADDRESS			6.4 CITY-ST-ZIP				
CITY-ST-ZIP	l		0.7 GHT-51-ZJF				

14. I hereby certify that the information supplied with this filing 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

205-131-8382

Daytime Phone #