FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000052027 (7)

1. Corporate Name
BARTINA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
6945 NW 11 CT MARGATE FL 33063	6945 NW 11 CT MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 07/11/1994
3a. Date of Last Report:
4. FEI Number: 65-0512451 — 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	10. Name and Address of New Registered Agent
GIRNUN, MORRIS A 6945 NW 11 CT MARGATE FL 33063	81 Name: JEFFREY BARTINA 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] DATE 4/28/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE: PT ☐ Change ☒ Addition NAME: JEFFREY STREET ADDRESS: 6945 11 CT CITY-ST-ZIP: MARGATE FL 33063
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE: VPS ☐ Change ☒ Addition NAME: PAMELA BARTINA STREET ADDRESS: 6945 11 CT CITY-ST-ZIP: MARGATE FL 33063
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE ☐ Change ☐ Addition / NAME / STREET ADDRESS / CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE ☐ Change ☐ Addition / NAME / STREET ADDRESS / CITY-ST-ZIP
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE ☐ Change ☐ Addition / NAME / STREET ADDRESS / 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(1)(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: [signature] 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

0428200 FP