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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 AM 8:52

DOCUMENT # P94000086305 (7)

1. Corporation Name
BARCELONA CORPORATION

Principal Place of Business	Mailing Address
9700 COLLINS AVE. BAL HARBOR FL 33154	9700 COLLINS AVE. BAL HARBOR FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1994
3a. Date of Last Report:

2. Principal Place of Business 21 1166 KANE CONCOURSE	2a. Mailing Address 26 1166 KANE CONCOURSE	4. FEI Number 65-0539218	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 BAY HARBOUR ISLAND	City & State 28 BAY HARBOR ISLAND	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 33154 / 25 DADE	Zip / Country 29 33154 / 30 DADE	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

RUIZ, MANUEL P
9700 COLLINS AVENUE
BAL HARBOR FL 33154

10. Name and Address of New Registered Agent

81 Name: RUIZ MANUEL P.
82 Street Address (P.O. Box Number is Not Acceptable): 1166 KANE CONCOURSE
83
84 City: BAY HARBOUR ISLANDS FL 85 Zip Code: 33154

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 title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	RUIZ, MANUEL P	12 NAME	
STREET ADDRESS	2015 N.E. 123RD ST.	13 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL 33181	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: ✓ MANUEL P. RUIZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-24-95 305-825-4999
Date (Daytime Phone #)

0103524 CP