

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000043836

1. Corporation Name

BARTOLO, INC., a Florida corporation

Principal Place of Business

Mailing Address

c/o YAEGER & YAEGER CPAs, PA
11420 N. Kendall Dr.
Suite 106
Miami, FL 33176

2. Principal Place of Business

2a. Mailing Address

11420 N. Kendall Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #106

City & State

City & State
Miami, Florida

Zip

Country

Zip
33176

Country
USA

3. Date Incorporated or Qualified
06/07/95

3a. Date of Last Report
06/07/95

4. FEI Number
65-0604602

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

CHRISTINE M. MORENO, ESQUIRE
13122 WEST DIXIE HIGHWAY
NORTH MIAMI, FL 33161

10. Name and Address of New Registered Agent

81 Name CHRISTINE M. MORENO, ESQUIRE

82 Street Address (P.O. Box Number is Not Acceptable)
13122 West Dixie Highway, Suite C

84 City NORTH MIAMI

FL

85 Zip Code
33161

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

Christine M. Moreno
Signature, typed or printed name of registered agent and his or her title

CHRISTINE M. MORENO, ESQ., R.A. 4/24/96

NOTE: Registered Agent signature required on return of report.

12. OFFICERS AND DIRECTORS

TITLE Director ☒ DELETE
NAME BERNHARD MUSIL
STREET ADDRESS Post Office Box 557412
CITY-STATE-ZIP MIAMI, FLORIDA 33255

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

1.1 TITLE Director ☒ Change ☐ Addition
1.2 NAME Bernhard Musil
1.3 STREET ADDRESS 10 Oktober Strasse 14
1.4 CITY-STATE-ZIP A-9020 Klagenfurt, AUSTRIA

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

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

4.1 TITLE ☐ Addition
4.2 NAME -05/06/96--01021--002
4.3 STREET ADDRESS ***208.75
4.4 CITY-STATE-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(k), 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:

BERNHARD MUSIL, DIR. 4/24/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)