FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 09 1997 8:00am

Secretary of State

Change

Addition

DOCUMENT # P95000043836 (2)

BARTOLO, INC.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address P.O. BOX 557412 11420 N KENDALL DR MIAMI FL 33255 SUITE #106 MIAMI FL 33176-1039 3. Date Incorporated or Qualified 3a. Date of Last Report 06/07/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 40 YAEGERIYAEGER, CON' 65-0604602 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Bo 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intengible tax under s. 199.032, 24 25 29 Florida Statutes Yes No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MORENO. CHRISTINE M 13122 WEST DIXIE HIGHWAY Street Address (P.O. Box Number is Not Acceptable) 82 NORTH MIAMI FL 33161 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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 reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition MUSIL, BERNHARD NAME 1.2 NAME 10 OKTOBER STRASSE 14 STREET ADDRESS 1.3 STREET ADDRESS A-9020 KLAGENFURT, AUSTRIA CITY-ST-2IP 1.4 CITY-ST-ZIP DELETE JITLE Change Addition 2.1 THLE **₩**AME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CHY-ST-7IP DELETE TITLE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-\$1-7IP DELETE TITLE 41 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE THILE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

14. I do heroby 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 in changed, or on an attachment with an address.

6.1 1(1) [

G.2 NAME

G.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DETETE