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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000066777 (0)**

1. Corporation Name
BARBADOS, INC.

Principal Place of Business	Mailing Address
400 FIFTH AVENUE SOUTH. SUITE 300 C/O INTERNATIONAL REALTY CONSULTANTS. INC. NAPLES FL 33940	400 FIFTH AVENUE SOUTH. SUITE 300 C/O INTERNATIONAL REALTY CONSULTANTS. INC. NAPLES FL 33940

3. Date Incorporated or Qualified: **08/28/1995** | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1350 GULFSHORE Blvd	26 C/o Euro American
22 Suite, Apt. #, etc. #506	27 Suite, Apt. #, etc. 521 Castello #2
23 City & State NAPLES, FL	28 City & State NAPLES, FL
24 Zip 33940 25 Country Collier	29 Zip 33940 30 Country Collier

4. FEI Number: 65-0617915 ☐ 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

FILTHAUT, RAINER N
400 FIFTH AVENUE SOUTH, SUITE 300
C/O INTERNATIONAL REALTY CONSULTANTS, INC.
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: JAMES AMBURN
82 Street Address (P.O. Box Number is Not Acceptable): 521 CASTELLO DR Suite #2
83
84 City: NAPLES FL 85 Zip Code: 33940

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: James W Amburn — James W Amburn — 1/24/96
(Signature of Registered Agent) (Registered Agent's Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS FIRNKES, OSKAR TAUBENSTRASSE 56 D-76189 KARLSRUHE, GERMANY ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT WUNSCH, CORNELIA TAUBENSTRASSE 56 D-76189 KARLSRUHE, GERMANY ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: Cornelia Wunsch Oskar Firnkes — 1/24/96 — 941-643-5773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #