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Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

4350 GULFSHORE BLVD
SUITE # 506
NAPLES FL 33940
US

Mailing Address

C/O EURO-AMERICAN Euro-American
5121 CASTELLO #2
NAPLES FL 34103-1902
US

3. Date Incorporated or Qualified
08/28/1995

3a. Date of Last Report
01/30/1996

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 C/o Euro-American Fin
Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

AMBURN, JAMES
5121 CASTELLO DR SUITE #2
C/O INTERNATIONAL REALTY CONSULTANTS, INC.
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City Naples

FL

85 Zip Code 34103

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, to the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. Each family with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

James W. Amburn

JAMES W. AMBURN

3/17/97

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY-ST-ZIP

12.2

NAME

STREET ADDRESS

CITY-ST-ZIP

12.3

NAME

STREET ADDRESS

CITY-ST-ZIP

12.4

NAME

STREET ADDRESS

CITY-ST-ZIP

12.5

NAME

STREET ADDRESS

CITY-ST-ZIP

12.6

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

0411218

CR2E034 (9/96)