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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000067571 (6)

BARU INVESTMENTS, INC.

Principal Place of Business Mailing Address 737 VALENCIA AVE., APT. D 737 VALENCIA AVE., APT. D CORAL GABLES FL 33134 CORAL GABLES FL 33134-5659 3. Date Incorporated or Qualified 3a. Date of Last Report 08/31/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0610370 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes Mo Florida Statutes 24 25 29 30 Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name ALLISON, JULIE W ESQ. 1 SE 3RD AVE., STE. 1240 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33131** 83 84 City Zip Code 85 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 Stynature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6) 12 13. DELETE Change 1.1 TITLE TITLE MENOYO, FERNÁNDO 1.2 NAME NAMÉ 737 VALENCIA AVE., APT. D 1.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 1.4 CITY-ST-ZIP CHY-ST-ZIP Addition

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6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP City - St - ZiP 14. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 direction of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

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