

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000090684 (8)
 1. Corporation Name
BARTORO, INC.



Principal Place of Business 8920 S.W. 125TH TERRACE MIAMI FL 33157	Mailing Address 8920 S.W. 125TH TERRACE MIAMI FL 33176-5144
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3. Date Incorporated or Qualified 11/29/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0630954	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 11342 GROVEWOOD BLVD Suite, Apt. #, etc.	2a. Mailing Address 26 11342 GROVEWOOD BLVD Suite, Apt. #, etc.
22 City & State 23 LAND O LAKES, FLA	27 City & State 28 LAND O LAKES, FLA
24 Zip 34639 25 Country	29 Zip 34639 30 Country

9. Name and Address of Current Registered Agent SETTLES, VALERIE F 4125 PINTA COURT CORAL GABLES FL 33148		81 Name
		82 Street Address (P. O. Box Number is Not Acceptable)
		83
		84 City
		85 Zip Code FL

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P. O. Box Number is Not Acceptable)	
83	
84 City	
85 Zip Code FL	

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN C. ARLI	1.2 NAME	
STREET ADDRESS	8920 SW 125TH TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL ROY BARLI	2.2 NAME	
STREET ADDRESS	7028 DALLAS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN CENTER MN	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REBECCA SANTORO	3.2 NAME	
STREET ADDRESS	11342 GROVEWOOD BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O LAKES FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH SANTORO	4.2 NAME	
STREET ADDRESS	11342 GROVEWOOD BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O LAKES FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 _____ DATE **11/30/97**

CR2E034 (9/96)