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

FILED PROFIT May 01 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000052664 (5) **BARNEY & FATHER, INC.** Principal Place of Business Mailing Address 1235 NW 6 ST., APT. #4 1235 NW 6 ST., APT. #4 MIAMI FL 33125 MIAMI FL 33125 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/20/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0674363 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Country Ζıp 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MALDONADO, OSCAR 1235 NW 6 ST., APT. #4 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33125** 83 City 84 Zip Code Sions of Sections 607.0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 with, and accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the office or regis OSCAR MALDONADO nted name of registered agent and lifte if applicable (NOTE: Registered Agent signature required en reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE MALDONADO, OSCAR NAME 12 NAME 1235 NW 6 ST., APT. #4 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33125** 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 City - ST - ZIP CITY-ST-ZIP DELETE 3.1 TITLE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY- \$1-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME

CITY-ST-ZIP plormation 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 proof or supplyinental 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 appear of the ruceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Anglet. Or on an attachment with an address. 14. I hereby certify that the indicated on this annual officer or director of Block 12 or Block 13 in the indicate of Block 13 in the indicate

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DECAR MILLOUISDO

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

(301) 545-0193

Change

Addition