

APPLICATION FOR REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # P96000076395 1. Corporation Name BARIANA ENTERPRISES, INC.				FILED 03 OCT 15 AM 11:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified 9/12/1996		3a. Date of Last Report 4/13/01	
2. Principal Place of Business 21 4900 US 19 Suite, Apt. #, etc. 22 City & State 23 New Port Richey FL Zip 24 34652		2a. Mailing Address 26 4900 US 19 Suite, Apt. #, etc. 27 City & State 28 New Port Richey FL Zip 29 34652		4. FEI Number 593410816		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" 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			
9. Name and Address of Current Registered Agent AZIROVIC, BARI 250 SHORE DRIVE PALM HARBOR, FL 34683				10. Name and Address of New Registered Agent 81 Name Bari Azirovic 82 Street Address (P.O. Box Number is Not Acceptable) 4900 US 19 83 10/29/03--01087--007 ***908.75 84 City New Port Richey FL 85 Zip Code 34652			
11. Pursuant to the provisions of Sections 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 <u>BARI AZIROVIC</u> 10/10/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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	VICE PRESIDENT ANA P AZIROVIC 250 SHORE DRIVE PALM HARBOR FL 34683	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DIRECTOR BARI AZIROVIC 4900 US 19 New Port Richey FL 34652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PRESIDENT BARI AZIROVIC 4900 US 19 New Port Richey FL 34652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VICE PRESIDENT BARI AZIROVIC 4900 US 19 New Port Richey FL 34652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SECRETARY BARI AZIROVIC 4900 US 19 New Port Richey FL 34652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TREASURER BARI AZIROVIC 4900 US 19 New Port Richey FL 34652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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, or on attachment with an address. SIGNATURE <u>by K. Sarria as attorney-in-fact</u> <u>BARI AZIROVIC</u> 10/10/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							