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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 05 1997 8:00am

Secretary of State

Addition

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000091860 (2)

## BARUMTECH IMPORTERS, INC.

					88  8
Principal Plac	e of Business	Mailing Address		F LOCKING DE TRANSPORTE DE TRA	
3579 ENTERPR	ISE AVE	3573 ENTERPRISE AVE			
UNIT 94		UNIT 94			
NAPLES FL 34	104	NAPLES FL 34104-3638			
				3. Date Incorporated or Qualified 11/05/1996	3a. Date of Last Report
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0706305	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29	30	Florida Statutes	☐ Yes . ☑ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
SZEMPRUCH, DAVID J 81 Name					
ELAN CARTELLA DD				zempruch, David.	<u> </u>
SUI			82 Str	oel Address (P.O. Box <u>Nu</u> mber is Not Accept <u>a</u>	0101
	PLES FL 34114		B3 C		11 641 1
MATLES FL 34114				vite 201	
			B4 City	-1-0	85 Zip Cpde
1 Vaples FL 31103					
11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida. Succeeding 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					
ORMATORE	Signature, typed or printed name of registered ager		1) Hegistered Agent sign	alure required when re-restating)	[JA]-[
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE		☐ DELETE	1.1 10°CE	P/D	Change Addition
NAME			1.2 NAME	Handl, Jerry	15-14 Oct
STREET ADDRESS			1 9 STREET ADDRE		
CITY-ST-ZIP			1 4 CITY - ST - 7/P	naples Florida	34104
TITLE	Į.	☐ DELETE	24 1110	νΡ/5 <i>/Τ/</i> D	Change Addition
NAME			2.2 NAME	Handli Bozena	
STREET ADDRESS			2 3 STREET ADDRE		nue, Unit 44
CITY-ST-ZIP			2 4 CHY- \$1-76°	naples, Florida	34104
TITLE		☐ DELETE	31 1011	1.40%	Change
NAME	1		3.2 NAME	Konvalinka, Jindy	nich
STREET ADDRESS			3 3 STREET ADDRE	Konvalinka, Jindy 3573 Enterprise & Naples, Florida	luenue, Onit-94
CITY-ST-ZIP			3 4. C(1Y-S1-7(P	naples, Florida	34104
TITLE		DELÉTE	4 t Till F		Change Addition
NAME			4. 2 NAME		-
STREET ADDRESS			4.8 STREET ADDRE	ss	i
CITY-ST-ZIP			4.4 CHY- S1 - 7IP	····	İ
TITLE	<b></b>	DELETE	51 1ITU		Change Addition
NAME		<b>—</b>	5.2 NAME		
STREET ADDRESS	ĺ		5.8 STREET ADDRE	ee	<b>k</b>
OINCEL WOUNESS	i .		■ 0.5 5TRULLACURE	aa	

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 logal 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 once attachment with an address.

5.4 CHY- \$1 - ZIF

6 1 1HLE

6.2 NAME

DELETE