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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000102664 (5)
1. Corporation Name
BARBAROSA'S CHILE RANCH, INC.



Principal Place of Business: 21973 U.S. 19 NORTH CLEARWATER FL 34625
Mailing Address: 21973 U.S. 19 NORTH CLEARWATER FL 34625-2360

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12/20/1996			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3421442		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

g. Name and Address of Current Registered Agent
PATEL, SANDIP I
~~PATEL, MOORE & O'CONNOR, P.A.~~
~~18167 U.S. HIGHWAY 19 NORTH, SUITE 150~~
~~CLEARWATER FL 34624~~

10. Name and Address of New Registered Agent
 81 Name: **Robert E Martin**
 82 Street Address (P.O. Box Number is Not Acceptable): **21973 US 19 N**
 83
 84 City: **Clearwater** FL 85 Zip Code: **34625**

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: **Robert E Martin Pres.** (Signature, typed or printed name of registered agent and title if applicable)
Robert E Martin (NOTE: Registered Agent signature required when reinstating)
 DATE: **4-17-97**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTIN, ROBERT E	
STREET ADDRESS	21973 U.S. 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PETERSON, FRANK C	
STREET ADDRESS	21973 U.S. 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, EUGENE P	
STREET ADDRESS	21973 U.S. 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert E Martin	
1.3 STREET ADDRESS	21973 US 19 N	
1.4 CITY-ST-ZIP	Clearwater FL 34625	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EUGEN P MANN	
2.3 STREET ADDRESS	21973 US 19 N	
2.4 CITY-ST-ZIP	Clearwater FL 34625	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LYNN MANN	
3.3 STREET ADDRESS	21973 US 19 N	
3.4 CITY-ST-ZIP	Clearwater FL 34625	
4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CYNTHIA A. MARTIN	
4.3 STREET ADDRESS	21973 US 19 N	
4.4 CITY-ST-ZIP	Clearwater FL 34625	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: **Robert E Martin** (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
 DATE: **4-17-97**
 DAYTIME PHONE: **(813) 791-9399**

CR2E034 (9/96)