

P97000009191

4/11/97

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

3:01 PM

((H97000005993 5)))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4000

FROM: EMPIRE CORPORATE KIT COMPANY
CONTACT: RAY STORMONT
PHONE: (305)541-3694

ACCT#: 072450003255

FAX #: (305)541-3770

NAME: BAROA CORP.

AUDIT NUMBER.....H97000005993

DOC TYPE.....BASIC AMENDMENT

CERT. OF STATUS..0

PAGES..... 3

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE.. \$35.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

help F1 Option Menu F2

NUM CAPS Connect: 00:02:04

RECEIVED

MAY 16 PM 2:35

SH 5/16
Amend.

SECRET
TALLAHASSEE, FLORIDA

97 APR 18 PM 2:46

FILED



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 18, 1997

BAROA CORP.
2333 BRICKELL AVE.
MEZZANINE SUITE
MIAMI, FL 33129

SUBJECT: BAROA CORP.
REF: P97000009191

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

We apologize that your document is being returned a second time. However, there is an additional error that was not noted when it was originally returned.

When the correction is made, we will give the document the file date on which it was received in this office after the first rejection.

The document must contain written acceptance by the registered agent, (i.e. "I heraby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6908.

Steven Harris
Corporate Specialist

FAX Aud. #: H97000005993
Letter Number: 697A00019871

4/11/97

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

3:01 PM

((H97000005993 5))

O: DIVISION OF CORPORATIONS

FAX #: (904)922-4000

FROM: EMPIRE CORPORATE KIT COMPANY
CONTACT: RAY STORMONT
PHONE: (305)541-3694

ACCT#: 072450003255

FAX #: (305)541-3770

NAME: BAROA CORP.

AUDIT NUMBER.....H97000005993

DOC TYPE.....BASIC AMENDMENT

CERT. OF STATUS..0

PAGES..... 3

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE.. \$35.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:
help F1 Option Menu F2

NUM CAPS Connect: 00:02:04

RECEIVED
APR 18 PM 12:45
STATE OF FLORIDA
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 14, 1997

BAROA CORP.
2333 BRICKELL AVE.
MEZZANINE SUITE
MIAMI, FL 33129

SUBJECT: BAROA CORP.
REF: P97000009191

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The word "initial" or "first" should be removed from the article regarding directors, officers, and/or registered agent, unless these are the individuals originally designated at the time of incorporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6908.

Steven Harris
Corporate Specialist

FAX Aud. #: H97000005993
Letter Number: 197A00018508

4/11/97

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

3:01 PM

((H97000005993 5))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4000

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT

PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: BAROA CORP.

AUDIT NUMBER.....H97000005993

DOC TYPE.....BASIC AMENDMENT

CERT. OF STATUS..0

PAGES..... 3

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE.. \$35.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

Help F1 Option Menu F2

NUM CAPS Connect: 00:02:04

RECEIVED

97 APR 11 PM 3:55

FLORIDA DIVISION OF CORPORATIONS

3)

H 97000005993

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

FILED
97 APR 18 PM 2:46
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

BAROA CORP.

BAROA CORP. P97000009191

(previous name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Article VII should be Amended as follows:

The board of Directors shall consist of a total of 2 person(s) and the name and address of the person(s) who are to serve as a director(s) is:

DAVID BARRIOS	2333 Brickell Ave. Mezzanine Suite Miami, Florida 33129
ALICIA BARRIOS	2333 Brickell Ave. Mezzanine Suite Miami, Florida 33129

Article VI should also be Amended as follows:

The name and street address of the Registered Agent of this corporation shall be: DAVID BARRIOS 2333 Brickell Avenue Mezzanine Suite, Miami, Florida 33129

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

PREPARED BY:

YDELSY Q. FORTE P.A.
2333 Brickell Avenue, Mezzanine Suite
Miami, FL 33129
Bar#356
305-854-7474

H 97000005993

H 97000005993

THIRD: The date of each amendment's adoption: 4/11/97

FOURTH: Adoption of Amendment(s) (check one)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 20th of March 19 97

Signature



(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

ALICIA BARRIOS

Typed or printed name

VICE CHAIRMAN

Title

H 97000005993

H97000005993

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

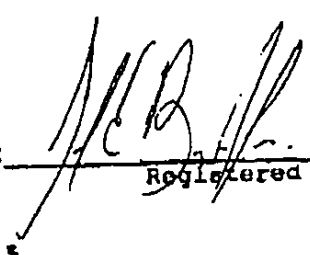
Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

First that BARQA CORP.
(Name of Corporation)
 desiring to organize under the laws of the State of Florida
(Florida)
 with its principal office, as indicated in the articles of incorporation has named David Barrios
(Name of Registered Agent)
 located at 2333 BRICKELL AVENUE, MEZZANINE SUITE, MIAMI FL 33129
 City of MIAMI County of DADE
(City) (County)

State of Florida, as its agent to accept service of process within this state.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE


 Registered Agent

5

H97000005993