

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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000023317 (5)

1. Corporation Name

PREGUNTALE A BARBARA, INC.

Principal Place of Business

14721 SW 110TH TERR.  
MIAMI FL 33196

Mailing Address

14721 SW 110TH TERR.  
MIAMI FL 33196



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/14/1997	
21		26		4. FEI Number 45-0749088	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip		Zip			
24		29			
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

ESPINOSA, CIRO  
14721 SW 110TH TERR.  
MIAMI FL 33196

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

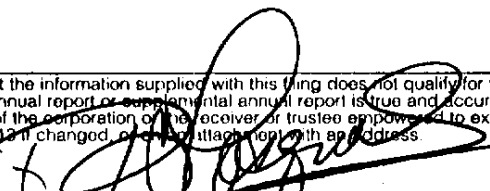
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D-Secretary
NAME	ESPINOSA, CIRO	1.2 NAME	CIRO ESPINOSA
STREET ADDRESS	14721 SW 110TH TERR.	1.3 STREET ADDRESS	14721 S.W. 110th Terr.
CITY-ST-ZIP	MIAMI FL 33196	1.4 CITY-ST-ZIP	Miami, Florida 33196
TITLE	DS	2.1 TITLE	D-PRESIDENT
NAME	MOSQUERA, BARBARA	2.2 NAME	BARBARA MOSQUERA
STREET ADDRESS	14721 SW 110TH TERR.	2.3 STREET ADDRESS	14721 SW 110th TERR.
CITY-ST-ZIP	MIAMI FL 33196	2.4 CITY-ST-ZIP	Miami, Florida 33196
TITLE	DT	3.1 TITLE	
NAME	GOMEZ, CARIDAD	3.2 NAME	
STREET ADDRESS	10437 SW 118TH CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	D-VICE-PRESIDENT
NAME	GONZALEZ, EDUARDO	4.2 NAME	MARIA EUGENIA MOSQUERA
STREET ADDRESS	5055 COLLINS AVE., PH N14	4.3 STREET ADDRESS	14721 S.W. 110th Terr.
CITY-ST-ZIP	MIAMI FL 33155	4.4 CITY-ST-ZIP	Miami, Florida 33196
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 in Block 14 if added.

SIGNATURE:



President 4/21/98 (305) 442-8993

CR2E034 (10/97)