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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000023317 (5)

PREGUNTALE A BARBARA, INC.

FILED May 11 1998 8:00am Secretary of State

Principal Place of Business				Mailing Address					I DEDIADDI AND ABAM ADDIA DDIA BRA		10 11170 A 15101 110	
14721 SW 110TH TERR.				14721 SW 110TH TERR.								
MIAMI FL 33196			М	MIAMI FL 33196					DO NOT WRITE IN THIS SPACE			
									3. Date Incorporated or Qualific	ed		
									03/14/1997			
2. Principal Pl	tace of Busi	ness	⊢	Mailing Address					4. FEI Number	0		oplied For
Suite, Apt	# 615		26	Suite, Apt. #, etc.					45-074908	8		ot Applicable
22	#, 8 10.		27	Suile, Apr. #, etc.					5. Certificate of Status Desired			Additional equired
City & State	6	-	— 2 71	City & State			•——		6. Election Campaign Financing	a		May Be
23			28						Trust Fund Contribution	[™] □		to Fees
Zip		Country		Zip	-	Country			8. This corporation owes or has			
24		25	29		30				Personal Property Tax due J			_) No
		and Address of Curr	rent Regis	tered Agent		81	Name		10. Name and Address of New	Registered	Agent	
	PINOSA, C					L	Name					
		OTH TERR.				82	Street	Addres	s (P.O. Box Number is Not Acce	ptable)		
MIA	MI FL 331	90				83	<u> </u>					
						-	0.4				leel we	0-1-
						84	City			FL	85 Zip	Code
11. Pursuant l office or re agent. I a	to the provising a second a se	sions of Sections 607.0 gent, or both, in the Sta ith, and accept the ob-	502 and 6 ste of Florid	07.1508, Florida Statu da Such change was	ites, the author	e above ized by	e-named the cor	d corpor poration	ation submits this statement for the statement of directors. I hereby ac	he purpose o ccept the app	f changing it pointment as	ts registered registered
-		Mir, and accept the ob	ilganoris o	r, Section 607.0505, Fi	iorida S	Statutes	S .					
SIGNATURE		d or printed name of registered							when reinstating)	DATE		
SIGNATURE	Signature, lyper		agent and tille	d applicable (NO	TE Regis					DATE	D DIRECTOR	RS IN 12
SIGNATURE 12. IITLE	Signature, types	d or grinted name of registered OFFICERS A	agent and tille	d applicable (NO	TE Regisi	stered Age		e required	when reinstalling) ADDITIONS/CHANGES TO OI	DATE		
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for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

STREET ADDRESS

4/24/96 (315) 442-8193