Applied For Not Applicable

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90027 029 ***158.75

DOCUMENT #	P980000316	078
1 Corneration Name	1 CCCCCC	. ·

1. Corporation Name RED BARN ANTI	IQUES, INC.	01010								
Principal Place of Busine	ss	Mailing Address		-		11111111	I 110 IOIOI IBIKI OBIII I		(11 0 1 11 0 1 30 11	AR 1888) 1881 181
13149 WEST DIXIE HIGHWAY NORTH MIAMI FL 33161 13149 WEST DIXIE HIGHWAY NORTH MIAMI FL 33161						DO NOT WE	RITE IN THIS	SPACE		
						04/03/199		d 	<u>.</u>	
2. Principal Place of Bus	siness	2a. Mailing Address				4. FEI Number	183514	11		pplied For lot Applicabl
Suite, Apt. #, etc	ر د مساور و سیمار کر ۱۳۵۰ د ا	Suite, Apt. #, etc				5. Certifcate of	Status Desired	- X		Additional - Required
City & State		City & State		•		6. Election Car Trust Fund (npaign Financing Contribution	' _□		May Be to Fees
Zip	Country 25	Zip 29 30	Coun	try		8. This corpora Personal Pro	ition owes the cu	rrent year Inte	angible Yes	ĭNo
	e and Address of Current F	tegistered Agent				10. Name and	Address of New	Registered /	Agent	
CALLAHAN, J.R. 700 S ROYAL POINCIANA BLVD STE 502 MIAMI SPRINGS FL 33166		L	B1 B2	Name (3)	ss (P.O. Box Num	ber is Not Accep	table)	NZ 1CE		
		1	83	, ,	, 0-25					
				B4	City Hi	ALEAL		FL	3:	Code 30/2
office or registered a agent. I am familiar v	gent or both in the State of	ind 607.1508, Florida Statutes, t Florida. Such change was authons of, Section 607.0505, Florida	Statut	bv i	-named corpor he corperation	ration submits this	statement for thors. I hereby acce	e purpose of ept the appoir	changing it ntment as ro ソノノス	ts registered registered
SIGNATURE Signature, type	ed or printed name of registered agent as		istered A	gent	gnature required		7	DATE		/
12.	OFFICERS AND		13.				HANGES TO O	FFICERS AN		
TITLE D		☐ DELETE	1.1 TITL	E	12	6531DE	ሶ ፒ , ``		. Change	Additi

CTORS IN 12 Addition RENZ, RICHARD C 12 NAME 731 W 39TH PLACE 1.3 STREET ADDRESS STREET ADORESS FL. 33012 HIALEAH FL 33012 1.4 CITY-ST-ZIP CITY-ST-ZIP TREASURER Sacration Change Addition TITLE □ DELETE 2.1 TITLE RENZ, BONNYE M 2.2 NAME NAME JEST 3984 STREET ADDRESS 731 W 39TH PLACE 2.3 STREET ADDRESS 33012 CITY-ST-ZIP HIALEAH FL 33012 2. 4 CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP □ DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 an attachment with amaddress, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

CR2E034.(11/98)