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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 FEB 22 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000070997

1. Corporation Name
BARROSO, INC.

Principal Place of Business — Mailing Address
5540 PACIFIC BLVD #307
BOCA RATON, FL 33433

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip — Country
24 — 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip — Country
29 — 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8-10-98
4. FEI Number: 65-0856244 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax [X] Yes [ ] No

9. Name and Address of Current Registered Agent
ALIRIO N BARROSO
5540 PACIFIC BLVD #307
BOCA RATON, FL 33433

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 Alirio N Barroso — 2/19/99
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	[ ] DELETE	1 TITLE [ ] Change [ ] Addition
NAME	ALIRIO N BARROSO		1 NAME
STREET ADDRESS	5540 PACIFIC BLVD # 307		1 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON, FL 33433		1 CITY-ST-ZIP
TITLE	D	[ ] DELETE	2 TITLE [ ] Change [ ] Addition
NAME	DUNTALINO N BARROSO		2 NAME
STREET ADDRESS	5540 PACIFIC BLVD # 307		2 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL 33433		2 CITY-ST-ZIP
TITLE	D	[ ] DELETE	3 TITLE [ ] Change [ ] Addition
NAME	EDEFARRO ACUIAR		3 NAME
STREET ADDRESS	5540 PACIFIC BLVD #307		3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL 33433		3 CITY-ST-ZIP
TITLE		[ ] DELETE	4 TITLE
NAME			4 NAME
STREET ADDRESS			4 STREET ADDRESS
CITY-ST-ZIP			4 CITY-ST-ZIP
TITLE		[ ] DELETE	5 TITLE [ ] Change [ ] Addition
NAME			5 NAME
STREET ADDRESS			5 STREET ADDRESS
CITY-ST-ZIP			5 CITY-ST-ZIP
TITLE		[ ] DELETE	6 TITLE [ ] Change [ ] Addition
NAME			6 NAME
STREET ADDRESS			6 STREET ADDRESS
CITY-ST-ZIP			6 CITY-ST-ZIP

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2-23-99

CR2E034 (11/98)

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 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, with all other like empowered.

SIGNATURE: Alirio N Barroso. — 2/19/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR