

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

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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90093 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000075572

1. Corporation Name
BARR HOLDINGS, INC.



Principal Place of Business 6966 LONG NEEDLE COURT ORLANDO FL 32833	Mailing Address 6966 LONG NEEDLE COURT ORLANDO FL 32833
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6966 Long Needle Court Suite, Apt. #, etc.		2a. Mailing Address 26 6966 Long Needle Court Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/28/1998	
22 City & State 23 Orlando, Florida		27 City & State 28 Orlando, Florida		4. FEI Number 59-3529725	
24 32822 25 USA		29 32822 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent BARROSO, FERNANDO 6966 LONG NEEDLE COURT ORLANDO FL 32833		10. Name and Address of New Registered Agent 81 Name Barroso, Fernando F. 82 Street Address (P.O. Box Number is Not Acceptable) 6966 Long Needle Court 83 84 City Orlando, FL 85 Zip Code 32822			

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 *Fernando F. Barroso* **Fernando F. Barroso, Vice President** DATE **4/16/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARROSO, JORGE 6902 SW 88TH STREET #E-405 MIAMI FL 33156 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARROSO, VICTOR 2660 SW 37TH AVENUE #500 MIAMI FL 33133 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PT/D Barroso, Victor 6255 Bird Road #500 Miami, FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARROSO, FERNANDO 6966 LONG NEEDLE COURT ORLANDO FL 32833 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SVP/D Barroso, Fernando F. 6966 Long Needle Court Orlando, FL 32822 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGES, HECTOR MARGINAL DIEZ EDIFICIO ILA 6TH FLOOR PUERTO NUEVO PR 00920 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Fernando F. Barroso* **SIGNATURE REQUIRED** DATE **4/16/99** DAYTIME PHONE # **407/273-2619**

By: **FERNANDO F. BARROSO** as **Vice President**

CR2E034 (11/98)