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Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S54513 (4)
 1. Corporation Name
BARTACA INC.



Principal Place of Business: **3000 NORTHEAST 48TH STREET LIGHTHOUSE POINT FL 33064**
 Mailing Address: **3000 NORTHEAST 48TH STREET LIGHTHOUSE POINT FL 33064-7139**

3. Date Incorporated or Qualified: **05/23/1991**
 3a. Date of Last Report: **07/08/1996**
 4. FEI Number: **65-0274628**
 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30
 State Apt. # etc.: 22
 City & State: 23
 Zip: 24
 Country: 25

9. Name and Address of Current Registered Agent
STEIN, BARBARA
3000 NORTHEAST 48TH STREET
LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEIN, BARBARA | 1.2 NAME | |
| STREET ADDRESS | 3000 N.E. 48TH STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LIGHTHOUSE PT. FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEIN, CRAIG A. | 2.2 NAME | |
| STREET ADDRESS | 3000 N.E. 48TH STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LIGHTHOUSE PT. FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEIN, TODD A. | 3.2 NAME | |
| STREET ADDRESS | 3000 N.E. 48TH STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LIGHTHOUSE PT. FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEIN, DAVID J | 4.2 NAME | |
| STREET ADDRESS | 3000 N E 48TH ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LIGHTHOUSE PT FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE: *Barbara Stein* Director
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 3/25/97 (954) 941-8333
 (Date) (Time Phone #)

CR2E034 (9/96)