

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S75199** (7)

1. Corporation Name

**BARRAMUNDI (U.S.A.), INC.**

Principal Place of Business

**801 BRICKELL AVE.  
SUITE 900  
MIAMI FL 33131  
US**

Mailing Address

**801 BRICKELL AVE.  
STE 900  
MIAMI FL 33131  
US**



3. Date Incorporated or Qualified

**08/22/1991**

3a. Date of Last Report

**04/13/1995**

4. FEI Number

**65-0282368**

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

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Country

28. Zip Country

24. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE FL 32301**

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

Signature typed by the filer of registered agent and, if applicable,

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **D**  
STREET ADDRESS **RAMNATH, BARBARA**  
CITY-STATE-ZIP **90 ATKINSON ROAD, #320**  
**NORTH YORK, ONTARIO CANADA**

12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **P**  
STREET ADDRESS **GOODALL, NIGEL**  
CITY-STATE-ZIP **RR#3, 19 BARTLEY DRIVE**  
**CALEDON EAST, ONTARIO CANADA**

22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **ST**  
STREET ADDRESS **GOODALL, SEURANIE**  
CITY-STATE-ZIP **RR#3, 19 BARTLEY DRIVE**  
**CALEDON EAST, ONTARIO CANADA**

32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

NAME ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

NAME ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*[Signature]*  
SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

**MAR 4 96**

Date

Daytime Phone #

CR2E034 (12/95)