FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAY -1 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S88453** **(3)**

1. Corporation Name
BARAHA, INC.

Principal Place of Business	Mailing Address
2752 NW 30 WAY LAUDERDALE LAKES FL 33311 US	2752 NW 30 WAY LAUDERDALE LAKES FL 33311 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/18/1991	3a. Date of Last Report: 01/21/1994
4. FEI Number: ~~NOT APPLICABLE~~ 65-0289081	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 1150 NW 20th St.	26 1150 NW 20th St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Pompano Beach, FL	28 City & State: Pompano Beach, FL
24 Zip: 33069 25 Country	29 Zip: 33069 30 Country

9. Name and Address of Current Registered Agent

BOLIN, JOSHUA
11129 N.W. 39TH ST, SUITE 101
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name: Bolin, Gabriel
82 Street Address (P.O. Box Number is Not Acceptable): 1150 NW 20th St.
83
84 City: Pompano Beach, FL 85 Zip Code: 33069

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: Bolin, Gabriel — April 21, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOLIN, GABRIEL 8580 NW 36 STREET, #306 SUNRISE FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition P Bolin, Gabriel 1150 NW 20th St. Pompano Beach, FL 33069
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Bolin, Gabriel 1150 NW 20th St. Pompano Beach, FL 33069	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treas. Bolin, Gabriel 1150 NW 20th St. Pompano Beach, FL 33069	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec. Bolin, Gabriel 1150 NW 20th St. Pompano Beach, FL 33069	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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: X Bolin, Gabriel — April 21, 1995 — 305-979-0008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0210716 CP