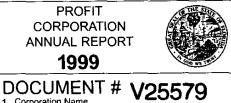
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 23, 1999 8:00 am Secretary of State 02-23-1999 90053 043 ***150.00

ALLIED	BARTER CORP.								
	e of Business	Mailing Address			1 30011 011911	, 11881 8118 BILL (801 ,	= (\$)1 4(\$() 6)	an 6:8:2 5:5): 6()	E:: 9:9:: 1291
50 SE 2NO AVE									
SUITE 811 MAMI FL 33131 MIAMI FC 33131					DO NOT WRITE IN THIS SPACE				
IS US					3. Date Incorpora				
		•			03/30/1992			· · · · · · · · · · · · · · · · · · ·	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number				lied For
1 1380 MIAMI GARDENS DR. 26 P.O. BOX 11370					65-0341088	<u> </u>			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of St	atus Desired		\$8.75 A	
City & Stat		City & State	FL		6. Election Camp	-		\$5.00 h	
3 MIAM		28 MIAMI			Trust Fund Cor			Added to	Fees
Zip 33170	Country USA	Zip 29 3311	30 U	ntry ≤A	8. This corporatio		nt year Inta		⊒No ∣
4 3317			30 0		Personal Prope 10. Name and Ad		agistered A		
	9. Name and Address of Curre	ur vehisteren vhaur		81 Name	10. 110,110 0110 70		J. J		<u></u> <u>-</u> -
SAL	GADO, SILVIO SR			20 0 11	(D.O. B Numb-	- in Not Assertal			
	-8 BAYSHORE DR #447			82 Street Add	ress (P.O. Box Numbe	r is intot Acceptal	ne)		
MIA	MI FL 33131			83 825	BRICKELL BI	U DO H	447		.
					UNICKELL DI	17 812. 11	777	Tas Tin C	
				84 City	•		FL	85 Zip C	oue
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	ations of, Section 607.0505, Fit	onda Stati	Jites.	<u>.</u>	. Thereby accept	DATE DATE		
	Signature, typed or printed name of registered ag		13.	Agent signature require	ADDITIONS/CH	ANGES TO DE		D DIRECTOR	RS IN 12
TITLE	PSD OFFICERS A	ND DIRECTORS	13. 1,1 TII	ı.E	ADDITIONS/CH	ANGLO TO OFF	IOLINO AIN	☐ Change	Addition
	SALGADO, SILVIO SR.	<u></u>	1.2 NA					-	_
NAME	AND DESCRIPTION OF THE	447		REET ADDRESS					
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	SI.	☐ DELETE	4.2 N					* : *	Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR