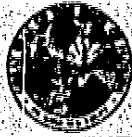


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
 AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 13 AM 9:10

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # V59540 (7)

1. Corporation Name

FIVEBAR INC.

Principal Place of Business

Mailing Address

9000 S DADELAND BLVD #109  
 MIAMI FL 33156  
 US

9000 S DADELAND BLVD #109  
 MIAMI FL 33156  
 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/24/1992

3a. Date of Last Report

04/20/1994

4. FEI Number

65-0359915

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 of intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CURBELO, DANIA J.  
 5475 N.W. 72ND AVE.  
 MIAMI FL 33166

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	AGUDELO, UGO R. BARRAGAN
STREET ADDRESS	5475 N.W. 72ND AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	AGUDELO, ANDRES BARRAGAN
STREET ADDRESS	5475 N.W. 72ND AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	AGUDELO, ROSA BARRAGAN
STREET ADDRESS	5475 N.W. 72ND AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	BARRAGAN, HUGO R.		
1.3 STREET ADDRESS	5475 N.W. 72nd Avenue		
1.4 CITY - ST - ZIP	MIAMI, FL 33166		
2.1 TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	BARRAGAN, ANDRES		
2.3 STREET ADDRESS	5475 N.W. 72nd Avenue		
2.4 CITY - ST - ZIP	MIAMI, FL 33166		
3.1 TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	BARRAGAN, ROSA		
3.3 STREET ADDRESS	5475 N.W. 72nd Avenue		
3.4 CITY - ST - ZIP	MIAMI, FL 33166		
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - 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 checked, or in an attachment with an address.

SIGNATURE: BARRAGAN, HUGO R. 07/10/95 305-670-8532  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 President/Director

CR2E034 (3/95)