

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

FILED

Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V68063 (9)
 1. Corporation Name
THE BARED COMPANY OF MIAMI, INC.



Principal Place of Business 7841 N.W. 56TH STREET SUITE 200 MIAMI FL 33166	Mailing Address 7841 N.W. 56TH STREET SUITE 200 MIAMI FL 33166 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8534 NW 70 St. Suite, Apt. #, etc. 22	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Miami FL 29 Zip 30 33166 Dade
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3. Date Incorporated or Qualified 09/28/1992	4. FEI Number 65-0494883 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
FERNANDEZ, OLGA
7841 N.W. 56TH ST.
MIAMI FL 33166

10. Name and Address of New Registered Agent
 81 Name **OLGA FERNANDEZ, Esq.**
 82 Street Address (P.O. Box Number is Not Acceptable)
8534 N.W. 70 St.
 83
 84 City **MIAMI** FL 85 Zip Code **33166**

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]* DATE **3-12-98**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PS	<input type="checkbox"/>
NAME	BARED, CARLOS E.	
STREET ADDRESS	7841 NW 58 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	SOUTO, RICARDO M.	
STREET ADDRESS	7841 NW 58 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/>
NAME	BARED, HANNA	
STREET ADDRESS	7841 NW 58TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/>
NAME	BARED, JOSE I	
STREET ADDRESS	7841 NW 58TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS	8534 NW 70 St.		
1.4 CITY-ST-ZIP	MIAMI, FL 33166		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS	8534 NW 70 St		
4.4 CITY-ST-ZIP	MIAMI FL 33166		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3/12/98** (305) 592-4710

CP2E034 (10/97)