

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 # 271376 (6)
1. Corporation Name
BRUSA, INC.



Principal Place of Business: **1401 N.W. NORTH RIVER DRIVE (POST OFFICE BOX 14-1156) CORAL GABLES FL 33114**
Mailing Address: **1401 N.W. NORTH RIVER DRIVE (POST OFFICE BOX 14-1156) CORAL GABLES FL 33114**

3. Date Incorporated or Qualified: **06/28/1963** 3a. Date of Last Report: **03/07/1995**
4. FEI Number: **59-1118650** 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: 21, Suite, Apt. #, etc.: 22, City & State: 23, Zip: 24, Country: 25
2a. Mailing Address: 26, Suite, Apt. #, etc.: 27, City & State: 28, Zip: 29, Country: 30

9. Name and Address of Current Registered Agent: **SMITH, OAKLEY G. 2535 SHELTER AVE. MIAMI BEACH FL 33140**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: **FL**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, OAKLEY G.	12. NAME	
STREET ADDRESS	2535 SHELTER AVENUE	13. STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL	14. CITY - ST - ZIP	
TITLE	D	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, OAKLEY G.	22. NAME	
STREET ADDRESS	2535 SHELTER AVENUE	23. STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL	24. CITY - ST - ZIP	
TITLE	AS	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORMAN, MAX	32. NAME	
STREET ADDRESS	1501 LEJEUNE ROAD	33. STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	34. CITY - ST - ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. 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 or is changed, or on an attachment with an address.

SIGNATURE: *Max Forman* *Just Se* *4/29/96* *305 558-2500*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)