

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **698781** (2)

1. Corporation Name:
BRACERAS AND COMPANY

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **WILFRED BRACERAS
1200 PONCE DE LEON BLVD.
CORAL GABLES FL 33134
US**

Mailing Address: **WILFRED BRACERAS
1200 PONCE DE LEON BLVD.
CORAL GABLES FL 33134
US**

3. Date Incorporated or Qualified: **08/13/1981** 3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business: 2a. Mailing Address:
21 **590 W. 20th St.** 26 **590 W. 20th St.**
State, Apt # etc. State, Apt # etc.

4. FEI Number: **59-2158824** Applied For: Not Applicable

22 City & State: **Hialeah, FL** 27 City & State: **Hialeah, FL**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23 **33010** 24 **DAPE** 25 **DAPE** 28 **33010** 29 **DAPE**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

7. This corporation has complied for all applicable Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**BRACERAS, WILFRED
1645 SW 88TH AVENUE
MIAMI FL 33155**

10. Name and Address of New Registered Agent:
81 Name: **BRACERAS, WILFRED**
82 Street Address (If 2000 or more, list as Box, Street, etc.): **590 W. 20th St.**
83 City: **Hialeah** FL 85 **33010**

11. Pursuant to the provisions of Section 607.0104, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and registered agent or both in the state of Florida. Such change was authorized by the corporation's board of directors, if any, and by the appointment of registered agent. I am aware with what I am doing the consequences of the 1995 Florida Statutes.
SIGNATURE: *[Signature]* 04/21/95

12. OFFICERS AND DIRECTORS

12.1	NAME: PD BRACERAS, WILFRED STREET ADDRESS: 1645 SW 88TH AVENUE CITY, STATE, ZIP: MIAMI, FL 00000
12.2	NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____
12.3	NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____
12.4	NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____
12.5	NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____
12.6	NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____
12.7	NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____
12.8	NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	NAME: WILFRED BRACERAS STREET ADDRESS: 600 W. 20th St. CITY, STATE, ZIP: Hialeah, FL 33010	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3	NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4	NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7	NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8	NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0104, Florida Statutes. I further certify that the information included 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 trustee or trustee-in-trust named for or named on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.
SIGNATURE: *[Signature]* 04/21/95