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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 608781

101

FILED May 09 1997 8:00am Secretary of State

1. Corporation Name BRACERAS AND COMPANY Principal Place of Business Mailing Address 580 W. 20TH STREET HALEAH FL 33010 US US					3. Date incorporated or Qualified 3a. Date of Last Report			
					08/13/1981		15/1996	орон
	Place of Business	2a. Mailing Add	ess		4. FEI Number			oplied For
21 Suite, Apt	#, etc.		etc.		59-2158824		\$8.75	Additional
22	, -	27			5. Certificate of Status Desired		Fee Re	
City & Sta	te	City & State			6. Election Campaign Financing			May Be
23] Zip	Country	28 Zip		Country	Trust Fund Contribution		Added	
24	[25]	29	30	Samay	8. This corporation has liability for Florida Statutes	Yes [tax under s ∐No	. 199.032,
	9. Name and Address of Cur				10. Name and Address of New	Registered /	Agent	
	ACERAS, WILFRED			81 Name				
590 W. 20TH STREET Miami Fl 33010				82 Street Add	ress (P.O. Box Number is Not Accept	table)		
MIA	WILT 22010			63		···	****	
							12-1 -	5 4
				84 City		FL	. []	Code
office or	registered agent or both, in the St	late of Florida Such char	da Statutes, ti igė was autro 0505. Etorida	ne above-named corpora orized by the corpora of Statutes	poration submits this statement for the tion's board of directors. I hereby acc	e purpose or cept the app	ointment as	registered
SIGNATURE	Sitgranure, type discipromined harme of registered	diagent and title if applicable.	(NOTE Res	gistered Agent signature requi	· · · · · · · · · · · · · · · · · · ·	DATE		
	Sitgranure, type discipromined harme of registered	d agent and tille if applicable. AND DIRECTORS	(NOTE Res			DATE		
SIGNATURE	Styrume type for prodest heric of registeric OFFICERS . DP BRACERAS, WILFRED	d agent and tille if applicable. AND DIRECTORS	(NOTE: Fleg	gistered Agent signature requi	ired when reinstating)	DATE	DIRECTOR	IS IN 12
SIGNATURE 12. THUE NAME	Styrus zer 63 - 4 or printed herrie of registered OFFICERS - DP BRACERAS, WILFRED 800 W. 20TH STREET	d agent and tille if applicable. AND DIRECTORS	(NOTE: Fleg	gistered Agent signature requi	ired when reinstating)	DATE	DIRECTOR	IS IN 12
SIGNATURE 12. THE NAME STREEL ADDRESS CITY: ST. ZIT:	Styrume type for prodest heric of registeric OFFICERS . DP BRACERAS, WILFRED	d agent and the if applicable. AND DIRECTORS D	(NOTE: FIG.	pstered Agent signature requi 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP	ired when reinstating)	DATE	DIRECTOF Change	RS IN 12
SIGNATURE 12. THEF NAME STREET ADDRESS CITY-SE-ZIII	Styrus zer 63 - 4 or printed herrie of registered OFFICERS - DP BRACERAS, WILFRED 800 W. 20TH STREET	d agent and tile if applicable. AND DIRECTORS	(NOTE: FIG.	istered Agent signature requi 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SI-ZIP 2.1 TITLE	ired when reinstating)	DATE	DIRECTOR	IS IN 12
SIGNATURE 12. THE NAME STREET ADDRESS CITY: ST. ZII:	OFFICERS OF BRACERAS, WILFRED 600 W. 20TH STREET HIALEAH FL	d agent and the if applicable. AND DIRECTORS D	(NOTE RO)	pstered Agent signature requi 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP	ired when reinstating)	DATE	DIRECTOF Change	RS IN 12
SIGNATURE 12. THE NAME STREET APPRISS SITY-SEZIF THE NAME	OFFICERS OF BRACERAS, WILFRED 600 W. 20TH STREET HIALEAH FL	d agent and the if applicable. AND DIRECTORS D D	(NOTE FIG.	istered Agent signature requi 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SI-ZIP 2.1 TITLE 2.2 NAME	ired when reinstating)	DATE	D DIRECTOR Change	IS IN 12 Addition Addition
SIGNATURE 12. THUE NAME SUBSET ADDRESS ONY-ST-ZH- THUE NAME SUBSET ADDRESS	OFFICERS OF BRACERAS, WILFRED 600 W. 20TH STREET HIALEAH FL	d agent and the if applicable. AND DIRECTORS D	(NOTE ROS	island Agent signature requi 13. 11 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 FITLE	ired when reinstating)	DATE	DIRECTOF Change	RS IN 12
SIGNATURE 12. THEF NAME SPEET ADDRESS CITY ST. ZIP THEF NAME SPRET ADDRESS CITY ST. ZIP THEF NAME	Styrus ver 53 - 4 or printed herric of registered OFFICERS . DP BRACERAS, WILFRED 800 W. 20TH STREET HIALEAM FL	d agent and the if applicable. AND DIRECTORS D D	(NOTE ROS	island Agent signature requi 13. 11 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ired when reinstating)	DATE	D DIRECTOR Change	IS IN 12 Addition Addition
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SIGNATURE 12. THEF NAME SPEELADORISS CITY ST. ZIII THEF NAME SPREELADORESS CRY ST. ZIP DREE NAME SPREELADORESS CHY-ST. ZIP THEF THEF THEF THEF THEF THEF	Styrus ver 53 - 4 or printed herric of registered OFFICERS . DP BRACERAS, WILFRED 800 W. 20TH STREET HIALEAM FL	Jagent and the Happicable AND DIRECTORS D	(NOTE RE)	Island Agent signature required. 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 YITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ired when reinstating)	DATE	D DIRECTOR Change Change	Addition Addition
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rido ne-coy certaly triat into mormation supplied with this similar does not quality for the exemption stated in Section 119.07(3)(). Florida Statutes, Thirtine 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 chapted, or on an attachment with an address.

SIGNATURE:

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