PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 851703

1. Corporation Name

BRONESS INVESTMENTS, INC.

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90027 041 ***150.00



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Principal Place of Business Mailing Address								IN ISII UIUII NS	E() DIDII UI	
2815 NW 17TH AVENUE 2815 NW 17TH AVENUE MIAMI FL 33142 MIAMI FL 33142										
MININI 12 00112							DO NOT WRITE IN THIS SPACE			
·							3. Date Incorporated or Qualifed 01/27/1982			
Principal Place of Business							4. FEI Number Applied For			
⊢ —	ace of business 26						98-0063781			Not Applicable
			Suite, Apt. #, etc.	\pt. #, etc.					, ,	Additional
22						<u>_5Certifcate of Status Desired</u>	<u></u>	Fee	Required	
City & State	State City & State						6. Election Campaign Financing		\$5.0	0 May Be
23	28						Trust Fund Contribution		Adde	d to Fees
Zip	Country Zip			Country			8. This corporation owes the curre	nt year Inta		
24	. 25	29	30	<u> </u>			Personal Property Tax.		Yes	No
	9. Name and Address of Current	stered Agent	81	1 N	ame	10. Name and Address of New Ro	gistereu <i>F</i>	Agent .		
R.V. MARTIN HARDWARE				U I I I I I I I I I I I I I I I I I I I			<u> </u>			
2815 N.W. 17 AVE.				82 Street Addre			ss (P.O. Box Number is Not Acceptate	ole)		-
MIAMI FL 33142				83						. ;;-
				84	4 Ci	ity		FL	85 Zi	p Code
11. Pursuant	to the provisions of Sections 607.0502	the abov	ve-na	med corpor	ation submits this statement for the p	urpose of o	hanging	its registered		
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	DIR		13.			ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE .	PD		☐ DELETÉ	1.1 TITLE					Chang	je
NAME	VIDRI,RAMON			1.2 NAME						
STREET ADDRESS	151 CRANDON BLVD #830			1.3 STREE						
CITY-ST-ZIP	KEY BISCAYNE FL		☐ DELETE	1.4 CITY-		<u>'</u>		· · · · · ·	☐ Chang	ie Addition
TITLE	DT □ DELETE VIDRI,RICHARD			2.1 TITLE 2.2 NAME						,
NAME	151 CRANDON BLVD APT 830.			2.2 NAME		DESS				
STREET ADDRESS	KEY BISCAYNE FL	-		2. 4 CITY-						Į
CITY-ST-ZIP	SD		☐ DELETE	3.1 TITLE					☐ Chang	je 🔲 Addition
NAME	VIDRI, PATRICIA A			3.2 NAME	:					
STREET ADDRESS	151 CRANDON BLVD APT 830			3.3 STREET ADDRESS						
CITY-ST-ZIP	KEY BISCAYNE FL			3.4. CITY-	-ST-ZIF	,				
TITLE	VD .		☐ DELETE	4.1 TITLE					Chang	ge Addition
NAME	VIDRI, RAMON, JR			4. 2 NAME	Ē					
STREET ADDRESS	151 CRANDON BLVD APT 830			4.3 STREI	ET ADO	RESS)
CITY-ST-ZIP	KEY BISCAYNE FL			4.4 CITY-		•				
TILE			☐ DELETE	5.1 TITLE					Chang	ge
NAME	•			5.2 NAME		2000				-
STREET ADDRESS				5.3 STRE						Ì
CITY-ST-ZIP	* · · · · · · · · · · · · · · · · · · ·		DELETE	5.4 CITY- 6.1 TITLE		<u> </u>	3.95		☐ Chang	ge Addition
TITLE	The state of the s		□ DETEIE	6.2 NAME						,
NAME			1	6.3 STREE		nress				
STREET ADDRESS	Take the State of the			6.4 CITY-					•	
C/TY-ST-Z/P				0.7 0111*	J 21					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, of or an attachment with an address, with all other like empowered.

SIGNATURE: