

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra P. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J95243 (8)**

1. Corporation Name
BRADDOCK INVESTMENT CORP.



Principal Place of Business:
**% SYLVAN HOLTZMAN
2601 S. BAYSHORE DR. #600
MIAMI FL 33133
US**

Mailing Address:
**% SYLVAN HOLTZMAN
2601 S. BAYSHORE DR. #600
MIAMI FL 33133
US**

21	2. Principal Place of Business	2a	Mailing Address
	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

**HOLTZMAN, SYLVAN
2601 S BAYSHORE DR
SUITE 600
MIAMI FL 33133**

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City		

3.	Date Incorporated or Created	3a.	Date of Last Report
	10/02/1987		04/03/1995
4.	FEIN Number	Applied For / Not Applicable	
	65-0122781		
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Electron Campaign Financing / Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

11. Pursuant to the provisions of Section 607.02(2)(a), 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 607.02(2)(a), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1	NAME	PD HOLTZMAN, SYLVAN	<input type="checkbox"/> DELETE
2	STREET ADDRESS	2601 S. BAYSHORE DR. #600	
3	CITY, ST, ZIP	MIAMI FL 33133	
4	TITLE		<input type="checkbox"/> DELETE
5	NAME		<input type="checkbox"/> DELETE
6	STREET ADDRESS		
7	CITY, ST, ZIP		
8	TITLE		<input type="checkbox"/> DELETE
9	NAME		<input type="checkbox"/> DELETE
10	STREET ADDRESS		
11	CITY, ST, ZIP		
12	TITLE		<input type="checkbox"/> DELETE
13	NAME		<input type="checkbox"/> DELETE
14	STREET ADDRESS		
15	CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5	TITLE	
6	NAME	
7	STREET ADDRESS	
8	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9	TITLE	
10	NAME	
11	STREET ADDRESS	
12	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13	TITLE	
14	NAME	
15	STREET ADDRESS	
16	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is valid, true and correct, and I do not qualify for the exemption stated in Section 119.07(2)(a), Florida Statutes. I further certify that the information indicated on this annual report is supplied in compliance with the annual report filing requirements and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or business empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or in an attachment thereto.

SIGNATURE: *Sylvan Holtzman* SYLVAN HOLTZMAN

3/29/96 (305) 859-7700

CR2E034 (12/95)