

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 AUG 10 AM 9:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # K05571 (0)

1. Corporation Name

BROCHI CORP.

Principal Place of Business

4920 NW 165TH ST.
 MIAMI FL 33014

Mailing Address

4920 NW 165TH ST.
 MIAMI FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/08/1987** 3a. Date of Last Report **05/17/1994**

4. FEI Number **22-2868489** 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 **4920 NW 165th ST**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **4920 NW 165th ST**
 Suite, Apt. #, etc.

23 **OPALOCKA FL**
 City & State

27 **OPALOCKA FL**
 City & State

24 **33054** 25 **USA**
 Zip Country

29 **33054** 30
 Zip Country

9. Name and Address of Current Registered Agent

BRODY, J. LEWIS
 4920 NW 165TH ST.
 MIAMI FL 33014

10. Name and Address of New Registered Agent

81 Name **BRODY, J. LEWIS**
 82 Street Address (P.O. Box Number is Not Acceptable)
4370 NW 128th STREET
 83
 84 City **OPA-LOCKA** **FL** 85 Zip Code **33054**

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 re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
 NAME **BRODY, J. LEWIS**
 STREET ADDRESS **2715 WALKERS WAY**
 CITY-ST-ZIP **WESTON FL**

1.1 TITLE **PD** Change Addition
 1.2 NAME **BRODY, J. LEWIS**
 1.3 STREET ADDRESS **445 CAMERON DRIVE**
 1.4 CITY-ST-ZIP **WESTON, FL 33326**

TITLE **STD**
 NAME **BRODY, PHYLLIS**
 STREET ADDRESS **2715 WALKERS WAY**
 CITY-ST-ZIP **WESTON FL**

2.1 TITLE **STD** Change Addition
 2.2 NAME **BRODY, PHYLLIS**
 2.3 STREET ADDRESS **445 CAMERON DRIVE**
 2.4 CITY-ST-ZIP **WESTON, FL 33326**

TITLE **D**
 NAME **CHITTUM, BARBARA B.**
 STREET ADDRESS **3 QUINCY LANE**
 CITY-ST-ZIP **BERGENFIELD NJ**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 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 110.07(3)(b), 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, or on an attachment with this filing.

SIGNATURE:

DATE: **8/4/95** TIME: **(305) 688-8800**

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