

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/94: \$229 (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 SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUL 20 AM 11:09

**DOCUMENT # P94000042224 (3)**

1. Corporation Name

**BRUCARO CORP.**

Principal Place of Business

19221 NE 20TH COURT  
NO MIAMI BEACH FL 33179

Mailing Address

19221 NE 20TH COURT  
NO MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/01/1994** 3a. Date of Last Report

4. FEI Number **65 051 3485** 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**

7. This corporation has liability for intangible tax under s. 190.022, Florida Statutes  Yes  No

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

9. Name and Address of Current Registered Agent

**SINGER, BERNARD A  
4700 SHERIDAN STREET SUITE B  
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

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

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>STD</b>
NAME	<b>GRAYSON, BRUCE</b>
STREET ADDRESS	<b>19221 NE 20 COURT</b>
CITY - ST - ZIP	<b>NO MIAMI BEACH FL 33179</b>
TITLE	<b>PD</b>
NAME	<b>GRAYSON, CAROL</b>
STREET ADDRESS	<b>19221 NE 20 COURT</b>
CITY - ST - ZIP	<b>NO MIAMI BEACH FL 33179</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>BACON, LAURIE</b>	
13 STREET ADDRESS	<b>22421 SHORESIDE DR.</b>	
14 CITY - ST - ZIP	<b>LAND OAKES, FL 34639</b>	
21 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>BACON, DAVID</b>	
23 STREET ADDRESS	<b>22421 SHORESIDE DR</b>	
24 CITY - ST - ZIP	<b>LAND OAKES, FL 34639</b>	
31 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>BACON, BARBARA</b>	
33 STREET ADDRESS	<b>14011 EMBERSIDE DR.</b>	
34 CITY - ST - ZIP	<b>TAMPA, FL 33624</b>	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(k), Florida Statutes. I further certify that the information indicated in 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 an address.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CAROL GRAYSON**

**6/3/94 305 6531974**

CR2E034 (3/95)