

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000042224 (3)**
1. Corporation Name

BRUCARO CORP.



Principal Place of Business: 18221 NE 20TH COURT NO MIAMI BEACH FL 33179
Mailing Address: 19221 NE 20TH COURT NO MIAMI BEACH FL 33179

2. Principal Place of Business: 21 20202 N.E. 15th Ct. 22 Miami, FL 23 33179 24 U.S.A.
2a. Mailing Address: 26 20202 N.E. 15th Ct. 27 Miami, FL 28 33179 29 U.S.A.

3. Date Incorporated or Qualified: 06/01/1994
3a. Date of Last Report: 06/20/1995
4. FEI Number: 65-0513485
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

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, 83, 84 City, 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.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	11 TITLE	
NAME	GRAYSON, BRUCE	12 NAME	
STREET ADDRESS	19221 NE 20 COURT	13 STREET ADDRESS	
CITY - ST - ZIP	NO MIAMI BEACH FL 33179	14 CITY - ST - ZIP	
TITLE	PD	21 TITLE	
NAME	GRAYSON, CAROL	22 NAME	
STREET ADDRESS	19221 NE 20 COURT	23 STREET ADDRESS	
CITY - ST - ZIP	NO MIAMI BEACH FL 33179	24 CITY - ST - ZIP	
TITLE	VD	31 TITLE	
NAME	BACON, LAURIE	32 NAME	
STREET ADDRESS	22421 SHORESIDE DR	33 STREET ADDRESS	
CITY - ST - ZIP	LAND O'LAKES FL	34 CITY - ST - ZIP	
TITLE	VD	41 TITLE	
NAME	VACON, DAVID	42 NAME	
STREET ADDRESS	22421 SHOARESIDE DR	43 STREET ADDRESS	
CITY - ST - ZIP	LAND O'LAKES FL	44 CITY - ST - ZIP	
TITLE	VD	51 TITLE	
NAME	BACON, DARRELL	52 NAME	
STREET ADDRESS	14011 ELLESMERE DR	53 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Carol Grayson* CAROL GRAYSON 6/6/96 3056531974

CRS Form 13/96