

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
 AND
 FILED

98 JUL 20 AM 11:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0052662

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000042224 (3)

1. Corporation Name
 BRUCARO CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 20202 NE 15TH CT
 NO MIAMI BEACH FL 33179
 US

Mailing Address
 20202 NE 15TH CT
 NO MIAMI BEACH FL 33179
 US

3. Date Incorporated or Qualified
 06/01/1994

4. FEI Number
 65-0513485

Applied For
 Not Applicable

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 30

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 owes or has paid the current year Intangible Personal Property Tax due June 30. 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 (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]* President 7/1/98
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SJO	<input type="checkbox"/> DELETE
NAME	GRAYSON, BRUCE	
STREET ADDRESS	19221 NE 20 COURT	
CITY-ST-ZIP	NO MIAMI BEACH FL 33179	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRAYSON, CAROL	
STREET ADDRESS	19221 NE 20 COURT	
CITY-ST-ZIP	NO MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	000002595500--6
1.4 CITY-ST-ZIP	-07/22/98--01065--014
2.1 TITLE	****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied in 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, or on an attachment with an address.

SIGNATURE: *[Signature]* GRAYSON 7/1/98 2051531972

CR2E034 (5/98)

Procaro Corp dba
asi
sign systems

20202 N.E. 15TH COURT
MIAMI, FL 33179
PH #: (305) 653-1974
FAX #: (305) 653-3660

To: *Brenda Juddlock / Fl. Dept of State Annual Reports Dept.*

From: *Carol Grayson*

Date: *7.16.98* Time: _____ Fax #: _____

Subject: *Procar Corp. Annual Report / 1998*

*Attached please find check for
150.00 for processing report. I
have paid this amount as
instructed by your office since
I did not receive any prior
notifications. Please process.*

*Thank you
Carol Grayson*