FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 JUN 23 AM 9:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000033032

1. Corporation Name
BRANSARA, INC
(904) 4889008

Principal Place of Business
2180 NW 18TH AVE
STE A-6
POMPANO BEACH, FL 33069-1320

Mailing Address

3. Date Incorporated or Qualified: 04/96	3a. Date of Last Report: 04/96
2. Principal Place of Business (21)	2a. Mailing Address (26): P.O. Box 1111
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27): POMPANO BEACH
City & State (23)	City & State (28): FLORIDA
Zip (24) / Country (25)	Zip (29): 33061-1111 / Country (30): USA
4. FEI Number: 65-0657987	☐ 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	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: RON MANCLAW
82 Street Address (P.O. Box Numbers Not Acceptable): 2180 NW 18TH Ave
83 Suite A-6
84 City: POMPANO BEACH FL 85 Zip Code: 33069

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: Ron Manclaw President 4/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Jayson Silver 2180 NW 18th Ave, Ste A-6 Pompano Beach, FL 33069 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 000002223300--1 -06/25/97--01122--003 ****173.75 ****173.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer RON MANCLAW 2180 NW 18TH Ave, STE A-6 POMPANO BEACH, FL 33069 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition President/Secretary/Treasurer SAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with 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: Ron Manclaw Pres. June 18, 1997 per request
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #