FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # M69021

1. Corporation Name

BRUMM, VEGA & ASSOCIATES, INC.

				. 			
25 SE 2 AVENUE 25 SE 2 AVEN		Mailing Address		!			
		25 SE 2 AVENUE					
1150 ingrahm building Miami FL 33131		1140 ingraham BLDG Miami FL 33131 US			DO NOT WRITE IN T	HIS SPACE	
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
		•		1	02/22/1988	•	
2. Principal P	Place of Business	2a. Mailing Address		1	4. FEI Number	· An	plied For
1		26		i	65-0022906	⊢	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05 0022300	\$8.75 A	
2		27		1	5. Certifcate of Status Desired	Fee Re	
City & State		City & State		<u>:</u>	6. Election Campaign Financing	\$5.00	May Ro
3		28			Trust Fund Contribution	Added t	
Zip	Country	Zip	Country		8. This corporation owes the current year	r Intangible	
4	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Current		<u> </u>		10. Name and Address of New Register	ed Agent	
			81	Name			
Brumm, Robert D.			82	Ctroot Ada	dress (P.O. Box Number is Not Acceptable)		
25 SE 2ND AVE			62	Sileet Aut	uress (F.O. DOX Number is Not Acceptable)		
SUITE 1140			83			·	
MIAMI FL 33131							
			84	City	ŗ	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abov	e-named cor	poration submits this statement for the purpose	of changing its	registered
	egistered agent, or both, in the State o				tion's board of directors. I hereby accept the ap	pointment as reg	gistered
•	in tanular with, and accept the congati	ons of, decilon cor.coco, Florik	ua Statutes	••			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Age	nt signature requir	red when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PDT	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	Brumm, robert d.		1.2 NAME				
STREET ADDRESS	935 NE 118 STREET		1.3 STREE	TADORESS	•	•	
CITY-ST-ZIP NORTH MIAM! FL			1.4 CITY-5	T-ZIP			
ITTLE			2.1 TITLE		,	Change	☐ Addition
NAME	VEGA, MIREYA 22N		2.2 NAME	Ì		٠	
STREET ADDRESS	2975 S.W. 129TH AVENUE		2.3 STREE	TADDRESS	1		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
AME			3.2 NAME				
STREET ADDRESS	1		3.3 STREE	TADORESS			
CITY-ST-ZIP			3.4. CITY-5				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4, 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE		☐ DELETE	5.1 TITLE	, =1	a .	☐ Change	Addition
		-	= 1 1111111111111111111111111111111111	1			

14. I 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

5.3 STREET ADORESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

DELETE

Addition

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90023 041 ***150.00