

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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90047 039 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000005267**

1. Corporation Name  
**BRAVO ACCOUNTING SERVICES, INC.**

Principal Place of Business

18000 N.W. 2ND AVE.  
MIAMI FL 33169

Mailing Address

18000 N.W. 2ND AVE.  
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1997

4. FEI Number

65-0719277

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **18722 NW 48 AVE**

Suite, Apt. #, etc.

22

City & State  
23 **MIAMI FL**

Zip Country  
24 **33055** 25 **USA**

2a. Mailing Address

26 **18722 NW 48 AVE**

Suite, Apt. #, etc.

27

City & State  
28 **MIAMI FL**

Zip Country  
29 **33055** 30 **USA**

9. Name and Address of Current Registered Agent

**BRAVO, ADA F**  
18000 N.W. 2ND AVE.  
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name **ADA F. BRAVO**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**18722 NW 48 AVE**  
83  
84 City **MIAMI** **FL** 85 Zip Code **33055**

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 Ada F. Bravo  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/4/99**

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>BRAVO, ADA F</b>
STREET ADDRESS	<b>18722 N.W. 48TH AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33055</b>
TITLE	ST <input type="checkbox"/> DELETE
NAME	<b>BRAVO, ADA F</b>
STREET ADDRESS	<b>18000 N.W. 2ND AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33169</b>
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	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ST</b>
2.3 STREET ADDRESS	<b>ADA F. BRAVO</b>
2.4 CITY-ST-ZIP	<b>18722 NW 48 AVE</b> <b>MIAMI FL 33055</b>
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 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, with all other like empowered.

SIGNATURE:

Ada F. Bravo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/4/99** **305/651-6824**

CR2E034 (11/98)