## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

**DOCUMENT #** 

266318

(5)

THE	<b>BROTHE</b>	RS RO	GHCKV	INC
1111		.ทง ชบ	นบอกเ	. IIV.

 Pr	incipal Place of Business	Mailing Address		-	-				
	11950 W. DIXIE HWY. MIAMI FL 33161	11950 W. DIXIE HWY. Miami Fl 33161							
						3. Date Incorporated or Qualified 01/21/1963	3a. Date	of Last	•
- 1	Principal Place of Business	2a. Mailing Address				4. FEI Number	·		Applied For
21		26				59-0996289			Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc. 27				5. Certificate of Status Desired			5 Additional Required
23	City & State	City & State				Election Campaign Financing     Trust Fund Contribution		•	DO May Be ed to Fees
٠.,	Zip Gountry	Zip	Coun	try		8. This corporation has liability foring	ntangible ta	x under	s 199.032,
24	[25]	29 30				Florida Statutes  Yes			
	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New Re	gistered .	Agent	
			٤	31	Name				•
BOGUSKY, DIXIE 430 N.E. 144TH STREET.		ε	32	Street Address	t Address (P.O. Box Number is Not Acceptable)				
	MIAMI FL 33161		Ē	33					***
			٤	34	City		FL	85 2	ip Code
11	<ol> <li>Persuant to the provisions of Sections 607.05 or registered agent, or both, in the State of El</li> </ol>	02 and 607.1508, Florida Statutes, th	he abovi	e n	amed corporation	on submits this statement for the purp	ose of cha	inging its	registered office

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 DIF	RECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
IIILF	PD	☐ DELETE	1. 1 TITLE	Change Additio
AME	BOGUSKY, WILLIAM		1.2 NAME	<del></del>
HELT ACIONESS	430 NE 144TH STREET		1.3 STREET ADDRESS	
IV - ST - ZIP	NORTH MIAMI FL		1.4 CITY - ST - ZIP	
Ų.f	S	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
ME.	BOGUSKY, DIXIE		2.2 NAME	
HEFT ACHIBLESS	430 N.E. 144TH STREET.		2 3 STREET ADDRESS	
IV S1 ZiP	North <u>Miami Fl</u>		2 4 CITY - ST - ZIP	
'l F		DELETE	3. 1 TITLE	Change Addition
ME			3.2 NAME	
HEE! ACORESS			3.3 STREET ADDRESS	•
1v S1-2iP	· · · · · · · · · · · · · · · · · · ·		3.4 CITY - ST - ZIP	
.F		DELETE	4. 1 TITLE	Change Additio
ML			4.2 NAME	
FEELADDRESS			4.3 STREET ADDRESS	•
1x - \$1 - ZIP			4.4 CITY - ST - ZIP	
I(F		DELETE	5. 1 TITLE	Change Addition
ME			5.2 NAME	
FEE! ADDRESS			5 3 STREET ADDRESS	
İv-Si zir			5.4 CITY - ST - ZIP	
l_f		DELETE	6. 1 T(TLE	☐ Change ☐ Additio
MI			6.2 NAME	
HELL ADDRESS			6.3 STREET ADDRESS	
17 ST 710			0 4 0/7/4 03 7/0	

14. Ldo 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 oativ, that I am an officer or director of the corporation or the requirer 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 changeld, or on an attachmy fit with a faddress.

**SIGNATURE** 

ATTHE AND THE ON PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

Pres.

1/16/96

(305) 891-3642

Daytime Phone #

20E024 (19/9F