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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DOCUMENT # 270988

BRANOD, INC.

DIVISION OF CORPORATION

FILED
Apr 26, 1999 8:00 am
Secretary of State
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						7 308430 34041 1004 80116 19301 48401 1044 1	LLULI BIBII BIBI		Alt Bibil (PD)
Principal Place of Business Mailing Address									
2211 NW 39TH AVE. 2211 NW -89TH AVE. MIAMI FL 33142 MIAMI FL 33142								_	
US	·	US			L	DO NOT WRITE IN	THIS SPAC	E	
						3. Date Incorporated or Qualifed 06/18/1963	,		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		App	lied For
21		26				59-1008728			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired		. 75 A ee Red	dditional quired
City & State	State City & State					6. Election Campaign Financing	\$5	5.00	May Be
23	. 28					Trust Fund Contribution		dded to	Fees
Zip	Country			ry		8. This corporation owes the current year			□lu-
24	25		30			Personal Property Tax.	☐ Ye		□No
	9. Name and Address of Current	Registered Agent	8	1 Nan		10. Name and Address of New Registe	erea Agent		
MCD	ONALD EDWIN D		ľ	i Nan	110				
MCDONALD, EDWIN D. 1041 BAYVIEW DRIVE				2 Stre	et Addres	s (P.O. Box Number is Not Acceptable)			
FT. l	LAUDERDALE FL 33304		8	3					
			8	4 City	'		FL 85	Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abo	ve-nam	ed corpora	ation submits this statement for the purpos	se of chang	ing its	registered
office or n	egistered agent, or both, in the State on m familiar with, and accept the obligati	of Florida. Such change was autt	nonzea d	iv the co	orporation's	s board of directors. I hereby accept the a	appointmen	as reg	jistered
SIGNATURE									
	Signature, typed or printed name of registered agent			ent signati	w beniupen enu	hen reinstating) DA		FOTO	DC IN 42
12.	OFFICERS AND	D DIRECTORS	13.		1	ADDITIONS/CHANGES TO OFFICER		nange	Addition
TITLE	PD .	☐ OFFEIE	1.1 TITLE		i			iange .	☐ Apalaon
NAME	NOORDHOEK, HAROLD		1.2 NAME						
STREET ADDRESS	300 CASUARINA CONCOURSE			ET ADORE	:88				
CITY-ST-ZIP	CORAL GABLES FL	DELETE	1.4 CITY-				ПС	nange	Addition
TITLE	D FOWEN D		2.2 NAMI			•	<u> </u>		
NAME	MCDONALD, EDWIN D.		1		-00				
STREET ADDRESS	1041 BAYVIEW DR.		1	ET ADDRE	:55				
CITY-ST-ZIP	FT. LAUDERDALE FL	DELETE	2.4 CITY 3.1 TITLE				ΠC	nange	Addition
TITLE	NOODDHOEK CDECC	C DELETE	3.1 MILE						
NAME	NOORDHOEK, GREGG			E ET ADDRE	-00				
STREET ADDRESS	12780 SW 69TH AVE		1		-00				
CITY-ST-ZIP	MIAMI FL	☐ DELETE	3.4. CITY 4.1 TITLE				ПС	nange	Addition
TITLE			4.1 III.E					J.	_
NAME	+		1	ET ADDRE	:00	•	•		
STREET ADDRESS			1						
CITY-ST-ZIP TITLE	ļ	☐ DELETE	4.4 CITY-	-ST-ZIP	+		□c	hange	☐ Addition
1			5.2 NAM				-	٠	
NAME				ET ADDRE	ESS	•			
STREET ADDRESS	· ·		5.4 CITY-						
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE				□c	hange	Addition
	,		6.2 NAM					-	
NAME				ET ADORE	ESS				
STREET ADDRESS				- CT_7ID					

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 of the receiver or trustee empowered to execut his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address, with all or like empowered.

SIGNATURE:

(305) 871.5460