

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90094 025 ***150.00

660776

DO NOT WRITE IN THIS SPACE

DOCUMENT # 271376
1. Entity Name
BRUSA, INC.

1401 NW North Rive Dr
PO Box 14-1156
Coral Gables, Fl 33114

1401 NW North River Dr
PO Box 14-1156
Coral Gables, Fl 33114

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

4. FEI Number
59-1118650

Applied For
 Not Applicable

8. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
Smith, Oakley G.

Street Address (P.O. Box Number is Not Acceptable)
2535 Shelter Avenue

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement, and elects to do so.

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE	PVS	TITLE	
NAME	Smith, Oakley G.	NAME	
STREET ADDRESS	2535 Shelter Avenue	STREET ADDRESS	
CITY- ST- ZIP	Miami Beach, Fl.	CITY- ST- ZIP	
TITLE	D	TITLE	
NAME	Smith, Oakley G.	NAME	
STREET ADDRESS	2535 Shelter Avenue	STREET ADDRESS	
CITY- ST- ZIP	Miami Beach, Fl.	CITY- ST- ZIP	
TITLE	AS	TITLE	
NAME	Forman, Max	NAME	
STREET ADDRESS	1501 SW LeJaune Road	STREET ADDRESS	
CITY- ST- ZIP	Coral Gables, Fl.	CITY- ST- ZIP	
TITLE	AVP2	TITLE	
NAME	Campbell, Avery S.	NAME	
STREET ADDRESS	2535 Shelter Avenue	STREET ADDRESS	
CITY- ST- ZIP	Miami Beach, Fl. 33140	CITY- ST- ZIP	
TITLE	AVP	TITLE	
NAME	Smith, Oakley Jason S	NAME	
STREET ADDRESS	2535 Shelter Avenue	STREET ADDRESS	
CITY- ST- ZIP	Miami Beach, Fl. 33140	CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or on an attachment with an address, with all other like empowerment.

SIGNATURE: *Oakley G. Smith* Date: **5/1/02** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR