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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 480688

(1)

BRAMAN CADILLAC, INC.

## FILED Apr 21 1997 8:00am Secretary of State



Principal Place	of Business	Mailing Address				T 190111 01041 1841; Anshe Osibi rolal onsi osali asali asali asali asali asali asali asali		
2044 BISCAYNE BLVD. MIAMI FL 33137 US		ONE S.E. THIRD AVE. STE. 2130 MIAMI FL 33131-1704						
		US				3. Date Incorporated or Qualified 07/11/1975	3a. Date of L 03/12/19	
	ace of Business	2a. Mailing Address	2a, Mailing Address			4. FEI Number		Applied For
21		26				59-1611594		Not Applicable
Sulte, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	7	75 Additional ee Regulred
22 City & State	9	City & State			<del></del>	& Election Compaign Financing		
23	•	28				Election Campaign Financing     Trust Fund Contribution	· · ·	.00 May Be ded to Fees
Zip			Co			8. This corporation has liability for in		
24	25	25 29 30		o]		Florida Statutes	Yes No	
9. Name and Address of Current Registered Agent				10, Name and Address of New Registered Agent				
KRIEGER, STANLEY J.					Name			
	S.E. THIRD AVE.		82 Street Add			dress (P.O. Box Number is Not Acceptable)		
	2130							
MIAI	AI FL 33131	83						
£				84	City		85	Zip Code
24 6000000	10.000			<u> </u>			FL [°°	in a like position and
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 Signature, typod or profiled name of registered agent and to diff applicable (NOTE Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND		<b>1</b> 13.			ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE "	PD DELETE		1.1 ]	1.1 TITLE			☐ Cha	
NAME	BRAMAN, NORMAN		1.2 NAME					
STREET ADDRESS	ONE S.E. THIRD AVE. STE. 213	30	1.3 STHEET ADDRES		ADDRESS			
CITY+ST-ZIP	MAMI FL		1.4 CRY-\$1-7IP		1-719			
TITLE	VD	☐ DELFTE	2.1 1IILE				L Cha	inge L. Addition
NAME	LEIBOWITZ, EDWARD R	36	2.2 NAME					
STREET ADDRESS	ONE S.E. THIRD AVE. STE. 213 MIAMI FL	5 <b>U</b>	2.3 STREET ADDRESS					
CITY-ST-ZIP	ST ST	Dougle	2. 4 CITY-		ST-7IP		Пры	
TITLE	KRIEGER, STANLEY J.	☐ DELETE					☐ Cha	inge 🔲 Addition
NAME	ONE S.E. THIRD AVE. STE. 213	ań.	3.2 NAME		4.D/2.DE.O.O.			
STREET ADDRESS CITY-ST-ZIP	MAMI FL	•▼	3.3 STREET ADDRESS I 3.4. CITY- ST-ZIP					
TITLE				4.1 71116			Cha	inge Addition
NAME	BRALIAN IDMA			4. 2 NAME				
STREET ADDRESS ONE S.E. THIRD AVE. STE. 2130		30	4.3 STREET ADDRESS		ADDRESS			
CITY-\$T-ZIP	AMADA 21		E	4.4 CITY - ST - ZIP				
TITLE		DELFTE		H1LE	···	•	Cha	ange Addition
NAME		,	5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP			5.4	CITY - S	51 - Z(P			
TITLE		☐ DELET <b>e</b>	TE 6.1 TITLE			and the second s	Ch:	ange Addition
NAME	*		6.21	NAME				
STREET ADDRESS			6.3	STREET	ADDRESS			
CITY-ST-ZIP			6.4	CITY-S	51 - ŻIP			

I do 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if glanged, or on an attal priorit with an address.

4/9/97

305/358-1889