FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 569362 (7)

1. Corporation Name
BRANNA, INC.

Principal Place of Business
~~1655 DREXEL AVE~~
~~SUITE 208~~
~~MIAMI BEACH FL 33139~~

Mailing Address
~~1655 DREXEL AVE~~
~~SUITE 208~~
~~MIAMI BEACH FL 33139~~

3. Date Incorporated or Qualified: 04/21/1978
3a. Date of Last Report: 04/10/1995

2. Principal Place of Business
21 7235 CORAL WAY
Suite, Apt. #, etc.
22 206
City & State
23 MIAMI FL
Zip 24 33155 Country 25

2a. Mailing Address
26 P O BOX 655354
Suite, Apt. #, etc.
27
City & State
28 MIAMI FL
Zip 29 33265-5354 Country 30

4. FEI Number: 59-1897067 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~MORRIS RAPPORT~~
~~1655 DREXEL AVE 208~~
~~MIAMI BEACH, FL 33139~~

10. Name and Address of New Registered Agent

81 Name: ISRAEL DAVID SZLAPAK
82 Street Address (P.O. Box Number is Not Acceptable): 9073 BAY DR
83
84 City: SURFSIDE **FL** 85 Zip Code: 33154

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: Israel David Szlapak 4/20/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	SZLAPAK,FRIDA	
STREET ADDRESS	~~1655 DREXEL AVE~~	
CITY-ST-ZIP	~~MIAMI BEACH, FL33140~~	
TITLE	S	☒ DELETE
NAME	~~RAPPORT,MORRIS~~	
STREET ADDRESS	~~1655 DREXEL AVE~~	
CITY-ST-ZIP	~~MIAMI BCH FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	P/D	☒ Change ☐ Addition
1 2 NAME	SLAPAK, FRIDA	
1 3 STREET ADDRESS	9073 BAY DR	
1 4 CITY-ST-ZIP	SURFSIDE FL 33154	
2 1 TITLE	S	☐ Change ☒ Addition
2 2 NAME	ROBERT NOVIGROD	
2 3 STREET ADDRESS	14837 BALGOWAN ROAD	
2 4 CITY-ST-ZIP	MIAMI LAKES FL 33016	
3 1 TITLE	VP	☐ Change ☒ Addition
3 2 NAME	ISRAEL D. SZLAPAK	
3 3 STREET ADDRESS	9073 BAY DR	
3 4 CITY-ST-ZIP	SURFSIDE FL 33154	
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

14. I do 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 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.

SIGNATURE: Frida Szlapak 4/20/96 (305) 263-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
FRIDA SZLAPAK

CR2E034 (12/95)