## 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 # 569362

Mailing Address

BRANNA, INC.

Principal Prace of Business

FILED
Mar 05 1997 8:00am
Secretary of State

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7235 CORAL V 208 MIAMI FL 3315		P.O. BOX 655354 Miami FL 33265-5354 US					
US					<ol> <li>Date Incorporated or Qualified 04/21/1978</li> </ol>	3a. Date of Last R 04/25/1996	eport
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	[ Ar	oplied For
21		26			59-1897067		ot Applicable
Suite Apt.	# etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75 / Fee Re	
City & State	0	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	lo Fees
Zip	Country	Zip	Cour	itry	8. This corporation has liability for i		. 199.032,
24	25	29	[30]		7	Yes No	
400	9. Name and Address of Curr	ent Hegistereo Agent		B1 Name	10. Name and Address of New Re	gistered Agent	***************************************
i	AEL DAVID SZLAPAK		l'	Name			
	3 BAY DR			B2 Street Addr	ress (P.O. Box Number is Not Acceptab	le)	
SUF	RFSIDE FL 33154		-	B3			
				~			
			Ī	64 City		FL 85 Zip	Code
44 D	to the control Control COT 0	500 and 607 1400 Florida Piat.	ton the ob		acratics submits this statement for the		to sociotorod
office or r agent. Fa	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the ob	ate of Florida. Such change was ligations of, Section 607.0505, F	authorized lorida Statu	by the corporatites.	oration submits this statement for the p lion's board of directors. I hereby accep	of the appointment as	registered
SIGNATURE							
12.	Signature typed or printed name of registered	agent and title if applicable (NO AND DIRECTORS	TE: Registered	Agerit signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE EDS AND DIDECTOR	20 IN 12
71)(6	PD	DELETE	1.1 7(7	E T	ADDITIONS/CHANGES TO OFFICE	Change	Addition
NAME	SZLAPAK,FRIDA	_ bitter	1.2 NAI			L_ Change	
STREET ADDRESS	9073 BAY DR			EET ADDRESS			
CITY - ST - ZIP	SURFSIDE FL			Y · ST - ZIP			
THE	S	DELETE	21 10			Change	Addition
NAME	ROBERT NOVIGROD	Beautiful Comment	22 NA	- 1			
STREET ADDRESS	14837 BALGOWAN RD			REET ADDRESS			
DITY-ST-Z-P	MIAMI LAKES FL			IY-ST-ZIP			
TITLE	VP	DELETE	3 1 TH		***************************************	Change	Addition
NAME	ISRAEL D. SZLAPAK		3 2 NA	VIE			
STREET ADDRESS	9073 BAY DR		3.3 STI	REET ADDRESS			İ
CITY-ST-ZiP	SURFSIDE FL		3.4. CI	TY - ST - ZIP			
TITLE		DELETE	4.1 TIT			Change	Addition
NAME.			4. 2 NA	ME			
STREET ADORESS	1		4.3 ST	REET ADDRESS			ļ
C(1Y+\$1-2)P			4.4 CI1	Y-ST-ZIP			
TITLE		DELETE	5.1 T(T			☐ Change	Addition
NAME			5.2 NA	VIE			
STREET ADDRESS			5.3 ST	REET AODRESS			
City-SY-7iP			5.4 CIT	Y-ST-ZIP			
1141	V	DELETE	6.1 111	LE		Change	☐ Addition
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 ST	IEET AODRESS			
C-TY - S1 - ZIP			6.4 CII	Y-\$1-ZIP			
14 14 6000	Annual to the state of the state of the state of the state of	Lock with this titles does not aug			d in Section 110 07/2)(i) Florida Statuta	e I further cortify that	the

I do hereby certify that the information supplied with this filling 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 suppliemental annual report is true and accourate 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.