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

FILED PROFIT Mar 09 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** 569362 (7) BRANNA, INC. Principal Place of Business Mailing Address P.O. BOX 655354 7235 CORAL WAY MIAMI FL 33265-5354 DO NOT WRITE IN THIS SPACE US MIAMI FL 33155 US 3. Date Incorporated or Qualified 04/21/1978 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-1897067 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Zφ Country 8. This corporation owes or has paid the current year Intangible Zip X Yes Personal Property Tax due June 30. 25 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** ISRAEL DAVID SZLAPAK 9073 BAY DR 62 Street Address (P.O. Box Number is Not Acceptable) SURFSIDE FL 33154 83 84 City Zip Code 85 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 agont, 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, typed or profed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIFFICTORS 13. 12. Change Addition 1.1 TITLE DELETE TITLE SZLAPAK, FRIDA 1.2 NAME NAME 9073 BAY DR 1.3 STREET ADDRESS STREET ADDRESS SURFSIDE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE ROBERT NOVIGROD 2.2 NAME NAME 14837 BALGOWAN RD 2.3 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE ISRAEL D. SZLAPAK NAME 3.2 NAME 9073 BAY DR 3.3 STREET ADDRESS STREET ADDRESS SURFSIDE FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for 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 too ecciver 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 of purposition stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated on this 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 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 of purposition or the corporation of the corporation or the corporation or the corporation or the corporation or the corporation of the corporation of the corporation or the corporation of the corporation or the corporation of the corporat

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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FRIDA SZLAPAK

2/28/98 (304) 263-9700

Change

Addition