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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90129 047 \*\*\*150.00

i. Corporation	MENT # 640045 BROTHERS-USA, INC.								
Principal Place	e of Business	Mailing Address			1 India dita cient della cessa d	1881 8111 81611	)	814 81811 1881	
2121 N BAYSHORE DR 2121 N BAYSHORE DR									
1209 1209 MIAMI FL 33137 MIAMI FL 33137					DO NOT WRITE IN THIS SPACE				
MIAMI FL 33137 MIAMI FL 33137 US US					3. Date Incorporated or Qualifed			-	
					07/30/1979				
Principal Place of Business     2a. Mailing Ad					4. FEI Number		App	lied For	
21		26		59-2113146		<del>!</del>	Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 A			
22		27				Fee Req			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 N .Added to			
Zip	pCountryZip		Country		8. This corporation owes the cur	rent year In		<b></b>	
24			30		Personal Property Tax. Yes No  10. Name and Address of New Registered Agent			_J <b>N</b> 0	
	9. Name and Address of Currer	nt Registered Agent		1 Name	10. Name and Address of New	Registered	Agent		
MAL	ION THOTHY K		'	Name	·				
MAHON, TIMOTHY K. 777 BRICKELL AVENUE, SUITE 1114 MIAMI FL 33131			1	Street Add	ress (P.O. Box Number is Not Accep	table) -	1.5		
			,	13				-	
Macan			`	, <b>"</b>	<u> </u>		<u>`</u>	_	
			[8	34 City	<del></del>	FL	85 Zip C	ode ·	
agent. I a	m familiar with, and accept the obligation of registered age.	ations of, Section 607.0505, Flor	ioa Statut	gent signature require		DATE	· · · · · · · · · · · · · · · · · · ·		. (00
12.		OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO O	FFICERS A	Change	Addition	7
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NAME	TOLANI, GOVIND R.		1.2 NAM				,	l	Š
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CITY-ST-ZIP TITLE	VP	-L 33137 □ DELETE		-01-2IF	<del></del>		Change	Addition	ן נ
NAME	TOLANI, SURESH								l
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NAME				EET ADDRESS			-	*	ŀ
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OTHER MUDICION			6.4.0m	, OT 71D			Ē		i

14. I 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 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, with all other like empowered.

SIGNATURE:

CINTULE AND TYPED OR EBUNTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone #