PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 665950

BRAMAN IMPORTS, INC.

FILED
Mar 22, 1999 8:00 am
Secretary of State
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Principal Place	of Business	Mailing Address				1 11	ENIST OUTION DELINE VILLE IN IN		1916 WIDII OHUI D	
7400 BIRD ROAD		2060 BISCAYNE BLVD								
#500	·	2ND FL			DO NOT WRITE IN THIS SPACE					
MIAMI FL 33155 US	5	MIAMI FL 33137-024 US			3. Date Incorporated or Qualifed					
03	•	00				04/07				
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Nur			· Ap	plied For
7000 C	CORAL WAY	26			59-19	91490		No	t Applicable	
Suite, Apt.	<u> </u>	Suite, Apt. #, etc.				te of Status Desired	_131	\$8.75 A		
22		27			,			- Fee Re		
City & State		City & State				Campaign Financir	ng 🔲 .	\$5.00	, ı	
23 MIAMI		Zip Country				Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible				
Zip 24 33155	Country USA	├ ─ '	¬ '			l	rporation owes the c al Property Tax.	unen year in		□No
24 33155_	9. Name and Address of Current		301				and Address of Ne	w Registered	Agent	
	·		8	1 Na	me					
KRIE	GER, STANLEY J.		8:	2 54	eet Addre	ee (P.O. Boy	Number is Not Acce	entable)		
2060	BISCAYNE BLVD1		"	- 3"	eet Addre	33 (1.0.00	140111501 15 1101 11000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
2ND	•		8:	3			<u>.</u>			
MIAN	MI FL 33137		84	4 Cit	v	**			85 Zip C	Code
	· ·				•			FL		
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statute f Florida, Such change was au	s, the about	ve-nar	ned corpo	ration submits o's board of di	s this statement for t irectors. I hereby ac	the purpose of cept the appoi	changing its ntment as reg	registered gistered
agent. I ar	m familiar with, and accept the obligati	ons of, Section 607.0505, Flori	ida Statute	s.	, po. a o.		,			·
SIGNATURE								DATE		
	Signature, typed or printed name of registered agent			ent signa	ature required	when reinstating)	NS/CHANGES TO	DATE OFFICERS AN	ID DIRECTO	DRS IN 12
12.	OFFICERS AND		Registered Ag 13. 1.1 TITLE		ature required		NS/CHANGES TO		ID DIRECTO	PRS IN 12
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CITY-ST-ZIP 14. 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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE(

COMPSTANLEY J. KRIEGER, Secy

3/15/99

305-576-1889

Daytime Phone #