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**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90078 045 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **665950**

1. Corporation Name  
**BRAMAN IMPORTS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 7400 BIRD ROAD  
 #500  
 MIAMI FL 33155  
 US

Mailing Address  
 2060 BISCAYNE BLVD  
 2ND FL  
 MIAMI FL 33137-024  
 US

3. Date Incorporated or Qualified  
**04/07/1980**

2. Principal Place of Business  
 21 7000 CORAL WAY  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 Suite, Apt. #, etc.

4. FEI Number  
**59-1991490**

Applied For  
 Not Applicable

22 City & State  
 23 MIAMI FL

27 City & State  
 28

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

24 Zip 25 Country  
 33155 USA

29 Zip 30 Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRIEGER, STANLEY J.  
 2060 BISCAYNE BLVD1  
 2ND FL  
 MIAMI FL 33137

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code  
**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD BRAMAN, NORMAN 2060 BISCAYNE BLVD, 2ND FL MIAMI FL 33137	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D LEIBOWITZ, EDWARD 2060 BISCAYNE BLVD, 2ND FL MIAMI FL 33137	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	ST KRIEGER, STANLEY J. 2060 BISCAYNE BLVD, 2ND FL MIAMI FL 33137	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BRAMAN, IRMA 2060 BISCAYNE BLVD, 2ND FL MIAMI FL 33137	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DP MURGADO, MARIO 2060 BISCAYNE BLVD, 2ND FL MIAMI FL 33137	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Stanley J. Krieger* STANLEY J. KRIEGER, Secy 3/15/99 305-576-1889  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)