


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90008 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 828029 ✓		
1. Corporation Name BRUGAL AND CO., INC.		

Principal Place of Business 2000 N.W. 93RD AVENUE MIAMI FL 33172	Mailing Address 2000 N.W. 93RD AVENUE MIAMI FL 33172
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/26/1972	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1569951	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75-Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARTINEZ-ESTEVE, RAUL J.A., PA. 901 PONCE DE LEON BLVD. SUITE 304 CORAL GABLES FL 33134				10. Name and Address of New Registered Agent	
				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARZENO, GEORGE			1.2 NAME			
STREET ADDRESS	AVE. JOHN F. KENNEDY #57			1.3 STREET ADDRESS			
CITY-ST-ZIP	SANTO DOMINGO, D.R.			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAEZ, FRANKLIN			2.2 NAME			
STREET ADDRESS	JOHN F. KENNEDY NO. 57			2.3 STREET ADDRESS			
CITY-ST-ZIP	SANTO DOMINGO DR			2.4 CITY-ST-ZIP			
TITLE	VPS	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRUGAL, FRANK			3.2 NAME			
STREET ADDRESS	2000 NW 93 AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRUGAL, MANUEL A			4.2 NAME			
STREET ADDRESS	JOHN F KENNEDY NO 57			4.3 STREET ADDRESS			
CITY-ST-ZIP	SANTO DOMINGO DR			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (5/99)

828029
59356090008-16

July 15, 1999

Florida Department of State
Tallahassee, Florida
Attn: Dept. of Businesses'
Annual Report

Re: Annual report payment fee

To Department Advisor,

Please be advised that we have spoken to Steve in your office on July 13th. We had explained to him that we had received on this very day the Annual Report Payment Notice and that we had notice that it said "SECOND NOTICE" on it.

He asked if we are still at the same address and of cause, we are. We had never had this problem ever before. So Steve asked us to please write this note to your office and to send in with the renewal application and the fee of \$150.00.

We thank you in advance for your immediate attention to this matter.