

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

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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F74019** (3)

1. Corporation Name:
BRAMAN COLORADO EUROPEAN IMPORTS, INC.



Principal Place of Business 8201 WEST COLFAX DENVER CO 80215 US	Mailing Address ONE S.E. THIRD AVE. STE. 2130 MIAMI FL 33131-1704 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/28/1982	3a. Date of Last Report 03/08/1996
4. FEI Number 59-1968512	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent KRIEGER, STANLEY J. ONE S E THIRD AVE STE 2130 MIAMI FL 33131	
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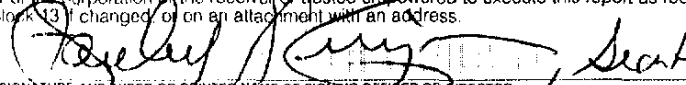
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BRAMAN, NORMAN ONE S.E. THIRD AVE. STE. 2130 MIAMI FL ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HITT, JOHN ONE SE THIRD AVE #2130 MIAMI FL ☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP DONALD ADIS 1 SE THIRD AVE #2130 MIAMI FL 33131 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KRIEGER, STANLEY J ONE S.E. THIRD AVE. STE. 2130 MIAMI FL ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S STANLEY J. KRIEGER 1 SE THIRD AVE #2130 MIAMI FL 33131 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAMAN, IRMA ONE S.E. THIRD AVE. STE. 2130 MIAMI FL ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T ROBERT BERNSTEIN 1 SE THIRD AVE #2130 MIAMI FL 33131 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do 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:  **4/9/97** **305/358-1889**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **STANLEY J. KRIEGER, Secretary**
Date: _____ Daytime Phone #: _____

CR2E034 (9/96)