SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 9:13

DOCUMENT # **F78405** **(0)**

1. Corporation Name
BRAM CORPORATION

Principal Place of Business	Mailing Address
5340 SW 82 AVENUE MIAMI FL 33155	5340 SW 82 AVENUE MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1982
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21: 260 SUNNY ISLE BLVD
22: Suite, Apt. #, etc.
23: City & State: N MIAMI BEACH
24: Zip: 33160
25: County: DADE

2a. Mailing Address
26: 260 SUNNY ISLE BLVD
27: Suite, Apt. #, etc.
28: City & State: N MIAMI BEACH
29: Zip: 33160
30: County: DADE

4. FEI Number: 59-2189721 ☐ 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

BALE, MOISES
~~5340 SW 82 AVE~~
~~MIAMI FL 33155~~

10. Name and Address of New Registered Agent

81 Name: MOISES BALE
82 Street Address (P.O. Box Number is Not Acceptable): 3300 NE 191 ST
83: LP 13
84 City: AVENTURA FL 85 Zip Code: 33180

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	
TITLE	S	11 TITLE	BALE, INA (S) ☐ Change ☐ Addition
NAME	BALE, INA	12 NAME	
STREET ADDRESS	5340 SW 82 AVE	13 STREET ADDRESS	3300 NE 191 ST, LP13
CITY-ST-ZIP	MIAMI, FL 00000	14 CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	PT	21 TITLE	PT ☐ Change ☐ Addition
NAME	BALE, MOISES	22 NAME	BALE, MOISES
STREET ADDRESS	5340 SW 82 AVE	23 STREET ADDRESS	3300 NE 191 ST, LP13
CITY-ST-ZIP	MIAMI, FL 00000	24 CITY-ST-ZIP	AVENTURA, FL 33180
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: MOISES BALE - P 6/19/95 305-949-3579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050726 CP