FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

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

1. Corporation Name
BRAMI 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

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

2. Principal Place of Business	2a. Mailing Address
21 260 SUNNY ISLES BLVD	26 260 SUNNY ISLES BLVD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: N. MIAMI BEACH, FL	28 City & State: N. MIAMI BEACH, FL
24 Zip: 33160 25 Country: USA	29 Zip: 33160 30 Country: USA

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

82 Street Address (P.O. Box Number is Not Acceptable): 3300 NE 191 ST, UNIT LP 13

83

84 City: AVENTURA FL 85 Zip Code: 33180

11. Pursuant to the provisions of Sections 607.0502 and 607.1538, 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	S	1.1 TITLE	S ☐ Change ☐ Addition
NAME	BALE, INA	1.2 NAME	BALE, INA
STREET ADDRESS	5340 SW 82 AVE	1.3 STREET ADDRESS	3300 NE 191 ST, UNIT LP13
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	PT	2.1 TITLE	PT ☐ Change ☐ Addition
NAME	BALE, MOISES	2.2 NAME	BALE, MOISES
STREET ADDRESS	5340 SW 82 AVE	2.3 STREET ADDRESS	3300 NE 191 ST, UNIT LP13
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	AVENTURA, FL 33180
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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 4/26/94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #