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

PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # F93000004214 (3)

BRUHALL INTERNATIONAL CORPORATION

Principal Place of Business 40 SE 5TH STREET SUITE 400 BOCA RATON FL 33432			Mailing Address 40 SE 5TH STREET SUITE 400 BOCA RATON FL 33432-6003			arr - sa t			
							3. Date Incorporated or Qualified 3a. Date of Last Report 09/13/1993 01/23/1996	-	
2. Principal	Place of Business	2a. 26	Mailing Address	···			4. FEI Number Applied For 13-2793131 Not Applied For		
Suite, Ap	t #, etc	27	Suite, Apt. #, etc.				Certificate of Status Desired		
City & Sta	ate		City & State				6. Election Campaign Financing \$5.00 May Be	1	
23	Country	28	7.0	T - 50	ıntı.	 	Trust Fund Contribution	4	
Z(p)	Country 25	29	Zıp	30	intry	<i>'</i>	8, This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	g. Name and Address of Cur		tered Agent	190]	T		10. Name and Address of New Registered Agent	7	
Gl	ORDANO, BRUNO		· · · · · · · · · · · · · · · · · · ·		61	Name		7	
40 SE 5TH STREET						Street Ad	Idress (P.O. Box Number is Not Acceptable)		
	ITE 400				62				
BC	XCA RATON FL 33432				83			1	
					84	City	F1 85 Zip Code		
office or agent I SIGNATURE	registered agent, or both, in the St am familiar with, and accept the ob	ate of Florions of July 1 agent and tille	da. Such change was f, Section 607,0505, Fl COANO il applicable (NOT	authorize orida Sta	d by tutes	y the corpor s.	proporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered 4/14/97 guired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	P	PART DITTE	DELETE	1.1 T	ITLE		Change Addition	୷ୡ	
NAME	GIORDANO, BRUNO			1.2 N	AME			CR2E034 (9/96)	
STREET ADDRESS					1.3 STREET ADDRESS				
CITY - SI - ZIP	BOCA RATON FL 33433			1,40	ITY-S	ST-ZIP		_ &	
THILE			☐ DELETE	2.11	ITLE		Change Addition	n IO	
NAME				22 N		1			
STREET ADDRESS	;)			•		ADDRESS			
CHY-SI-ZIF THLE			DELETE	2. 4 (3.1 T		ST-ZIP	Change Addition	_	
NAME			Bood Dittie	3.2 h			East Strongs Land Modell		
STREET ACIDRESS	, [•		ADDRESS			
CITY ST-ZIP				3.4.0	этү-:	ST-ZIP			
THILE			☐ D€LETE	4.1 T	ITLE		Change Addition	n	
NAME				4.21	NAME				
STREET ADDRESS	;			4.3 9	TREET	ADDRESS			
CITY-ST-ZIP	<u> </u>					ST-ZIP		_	
TITLE			☐ DELETE	5.1 T	141 6	l	Change Addition	u	
NAME.						1		- 1	
STREET ADDRESS				5.2 N	AME				
	;			5.2 N 5.3 S	AME Treet	ADDRESS			
CITY ST-7/P			Dorre	5.2 N 5.3 S 5.4 C	AME TREET	TADDRESS ST-ZIP			
			☐ DELETE	5.2 N 5.3 S 5.4 C 6.1 T	AME TREET		☐ Change ☐ Addition	n	

6.3 STREET ADDRESS

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 perporation 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 11 thanged, or on an attachment with an address.

Deardono

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR