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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000004214 (3)

BRUHALL INTERNATIONAL CORPORATION

E 5TH STREET	
C DIM DINCE!	5TH STREET
E 400	400
A RATON FL 3343	RATON FL 33432

FILED Apr 22 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/13/1993 Applied For 13-2793131 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees Trust Fund Contribution Country Ζip Zip 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GIORDANO, BRUNO **40 SE 5TH STREET** Street Address (P.O. Box Number is Not Acceptable) SUITE 400 83 **BOCA RATON FL 33432 B4** City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE GIORDANO, BRUNO NAME 1.2 NAME CRZE034 **7653 LA CORNICHE CIRCLE** STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33433** 1.4 CHTY-ST-ZIP CITY-ST-ZIP DELFTE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 2 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY - ST - ZIP CITY - ST - 7IP DELFTE Addition Change TITLE 4.1 TITLE NAME 4, 2 NAM8 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-7IP DELETE Addition TITLE 6.1 THEF 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP

14. Thereby 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 supplienental annual proof is true and accurate and that my signature shall have the same logal effect as if made under each, that I am an officer or director of the comporation or the receiver or his lee 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:

edono

4/13/98

561-391-8884