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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9400002792

1. Corporation Name

BRAIS, INCORPORATED

## **FILED** Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90017 016 \*\*\*150.00



Principal Place	e of Business	Mailing Address				, , , , , , , , , , , , , , , , , , , ,				
8680 SW 212 ST. APT 202 8680 SW 212 ST. APT 202 MIAMI FL 33189 MIAMI FL 33189				DO NOT WRITE IN T			E IN TUIC	SDACE		
						3. Date Incorporated or Qualifed	C IN TITIO	JEAUL		7
						05/27/1994		-	· ·	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			plied For	3,
21		26				43-1668732		<del></del>	t Applicable	
Suite, Apt. 4	#,,etc	Suite, Apt. #, etc			المة ف <b>ص</b> ضياحيات	5. Certifcate of Status Desired		<b>≈\$8:75</b> A Fee Re		-
22		27							<del> </del>	-{
City & State	e	City & State				6. Election Campaign Financing		\$5.00		
23		28	Cou			Trust Fund Contribution		Added t	o rees	1
Zíp	Country	Zip	30	nuy		This corporation owes the curre     Personal Property Tax.	ent year int		□No	
24	25	Posistered Agent	30			10. Name and Address of New R	egistered	<del></del>		1
	9. Name and Address of Current	Kedizielen Adellt		81	Name	To: Hallo and Alexander of Hell				1
BRAI	S, JOHN D	. ,		$\sqcup \downarrow$		<del> </del>		•		4
8680	SW 212 ST, APT 202			82	Street Addres	ss (P.O. Box Number is Not Accepta	pie)			
1	AI FL 33189			83			118. 600	图象期		
			1	84	City		FI	85 Zip (	Code	1
44 Purciant	to the provisions of Sections 607.0502	and 607 1508. Florida Statu	ites, the a	L	named corpor	ration submits this statement for the	purpose of	changing its	registered	1
Office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida, Such change was	authorized	i bv t	he corporation	s board of directors. I hereby accep	t the appoi	ntment as re	gistered	
SIGNATURE						when reinstating)	DATE		·	],
	Signature, typed or printed name of registered agent OFFICERS ANI	<del>``</del>	13.	Agent	signature required v	ADDITIONS/CHANGES TO OF		ID DIRECTO	RS IN 12	3
12.		DINEOTOTO	13.			TIBBITTO TO THE				٦,
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NAME,	BRAIS, JOSEPH A	☐ DELETE	1.2 NA	ME	ADDRESS	THE TEST OF		Change	∐ Aggiton	77.00
NAME STREET ADDRESS	BRAIS, JOSEPH A 3780 THISTLEDOWN	☐ DELETE	1.2 N/ 1.3 ST	WE REET	ADDRESS	1341005730		_ Change	Addition	77.4.00
NAME STREET ADDRESS CITY-ST-ZIP	BRAIS, JOSEPH A 3780 THISTLEDOWN FLORISSANT MO 63033	☐ DELETE	1.2 N/ 1.3 ST	WE REET		13510257ES		☐ Change	☐ Addition	7.4.00
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BRAIS, JOSEPH A 3780 THISTLEDOWN FLORISSANT MO 63033 S BRAIS, JOHN D		1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA	TREET / TY-ST- TLE						7.4.00
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14. I 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, with all other like empowered.