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

**PROFIT CORPORATION** ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

•	1998	DIVISION O	FCORPORATIONS	Secretary of State
<ol> <li>Corporation</li> </ol>	MENT # <b>G402</b> BRELLA, INC.	12 (4)		
Principal Place of Business Mailing Address  2237 WEST 77TH STREET 2237 WEST 77TH STRI HIALEAH FL 33016 HIALEAH FL 33016 US US			REET	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 05/19/1983
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		59-2287120 Not Applicable \$8.75 Additional
22	r, 500	27		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	)	City & State		6. Election Campaign Financing \$5.00 May Be
<b>23</b> Zip	Country	<b>28</b> Zip	Country	Trust Fund Contribution Added to Fees
24]	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent
	THONY J RANDAZZO		81 Name	
2237 WEST 77TH STREET #201			82 Street Add	lress (P.O. Box Number is Not Acceptable)
	LEAH FL 33016		83	· ·
			84 City	85 Zip Code
		500 1007 1500 5: :1 0:	1_1	FL
office or re	egistered agent, or both, in the Sta	ite of Florida. Such change wa	is authorized by the corpora	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
•	n familiar with, and accept the obl	igations of, Section 607.0505,	Fiorida Statutes.	
	Signature, typed or printed name of registered a		IOTE: Registered Agent signature requ	
12.	OFFICERS A	ND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	RANDAZZO, ANTHONY J.	_ otti	1.2 NAME	Citalige   Auditor
STREET ADDRESS	2237 WEST 77TH STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL		14 CITY - ST - ZIP	
TITLE		☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			22 NAME 23 STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			2 4 CITY-ST-ZIP	
TIPLE		DELETE	3 ) TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	3 4. CITY - ST - ZIP 4 1 T TLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADORESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 T TLE	Change Addition
NAME CIDEET ADDRESS			5.2 NAME	
STREET ADDRESS CITY-ST-ZIP			5 3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE	<del></del>	DELETE	6.1 T TLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADORESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	ertify that the information supplied	with this filing does not qualify	64 CITY-ST-ZIP	Section 119 07(3)(i) Florida Statutes I further certify that the information
indicated of officer or of Block 12 of	on this annual report or supplement director of the corporation or the re or Block 13 if changed, or on an at	ntal annual report is true and a ceiver or trustee empowered t tachment with an address.	ccurati and that the signature execute this response as required the signature of the signa	Section 119.07(3)(i), Florida Statutes. I further certify that the information are shall have the same legal effect as if made under oath; that I am an juired by Chapter 607, Florida Statutes; and that my name appears in

**FILED** 

May 18 1998 8:00am