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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G40409**

1. Corporation Name

BROTHERS THREE CORPORATION

											8) 6(3) B B B B B
Principal Plac	ce of Business	, Mailing A	ddress	•				ngi) bigil golif bişik s	I Billio I ber Broa	i grafit ptati bi	an dian pran laar
9305 SW 38 S	ST	9305 SW 3	38 STREET								
C/O CASTELL		C/O CAST	C/O CASTELLANOS							: :	
MIAMI FL 3316	65		MIAMI FL 33165				DO NOT WRITE IN THIS SPACE				
US		US					3. Date Incorpo 05/20/198	orated or Qualifed	j		
2. Principal F	Place of Business	2a. Mailin	o Address			<u></u> -	4. FEI Number				Applied For
21		26	g riouress				65-00549	•		-	Applied For
Suite, Apt.	. #. etc.		Apt. #, etc.				00 000-0	38		· +	Not Applicable
22		27					5. Certifcate of	Status Desired			5 Additional Required
City & Star	te	· 🛏 '	State				6. Election Can	npaign Financing		\$5.0	0 May Be
23		28					Trust Fund (Adde	ed to Fees
Žip	Country	Zip		Cour	ntry		8. This corpora	tion owes the cur	tent year l	ntangible	
24	25	29		30			Personal Pro			☐ Yes	No
	9. Name and Address of Cui		rgent		241		10. Name and A	Address of New	Registere	d Agent	
CAS	STELLANOS, VICENTE			-	81	Name *					
280 030	5 SW 38TH STREET	., ; }			82	Street Addres	ss (P.O. Box Number is Not Acceptable)				
l		•							ar seminar	James Rachage	ел ў гуза Лама тэма.
IVII	MI FL 33165	,	•		83		-			補物的	
	•	,			84 (City		er in the second of the second	F	85 Zi	p Code
11. Pursuant	to the provisions of Sections 607. registered agent, or both, in the Stam familiar with, and accept the ob-	0502 and 607.1508	3, Florida Statu	ites, the ab	ove-n	named corpor	ation submits this	statement for the	purpose o	f changing	its registered
onice or r	registered agent, or both, in the Sta am familiar with, and accept the ob-	ate of Florida, Sucr ligations of Section	n change was a n 607.0505. Fk	authorized orida Statu	by the	e corporation	's board of directo	rs. I hereby acce	pt the appo	ointment as	registered
SIGNATURE		.P.	1001100001	,	Ico.						
DIGNATURE											
	Signature, typed or printed name of registered	agent and title if applicable	e. (NOTE	E: Registered A	Agent sig	ignature required w	rhen reinstating)	·	DATE		
12.		agent and title if applicable AND DIRECTORS		E: Registered A	Agent si	ignature required w		HANGES TO OF		ND DIRECT	TORS IN 12
						ignature required w	ADDITIONS/C	HANGES TO OF		ND DIRECT	
12.	OFFICERS		S	13.	£	ignature required w		HANGES TO OF			
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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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Jan 25, 1999 8:00am

Secretary of State

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01-25-1999 90055 048 ***150.00