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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90035 027 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H59788

BRONAC INTERNATIONAL, INC.

							. [84] [84] [84] [84] [84]	
Principal Place of Business Mailing Address							inen minni minne ninen min	ii gigii gigii (ggi
1460-M N.W. 107 AVENUE 1480-M N.W. 107 AVENUE MIAMI FL 33172 MIAMI FL 33172								
							IN THIS SPACE	
						 Date Incorporated or Qualified 05/28/1985 	•	
2. Principal F	Place of Business	2a, Mail	ing Address			4. FEI Number		Applied For
21 26						59-2552114	⊢	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			e, Apt. #, etc.				\$8.75	Additional
27						5. Certifcate of Status Desired		Required
City & State City & State			& State			6. Election Campaign Financing	\$5.0	0 May Be
23		28	28			Trust Fund Contribution Added to Fees		
Zip	Zip Country Zip		_	Country		8. This corporation owes the current year Intangible		
24	25	29		30		Personal Property Tax.	Yes	□No
Name and Address of Current Registered Agent						10. Name and Address of New Re	gistered Agent	
CEC.	DEDA DEDDO			8	1 Name			*
SEGRERA, PEDRO 1460-M N.W. 107 AVE				8	2 Street Add	Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33172			8	3		美国的		
				8	4 City	\$ 6.50 (\$4.50 (\$4.50)	: 85 Zir	p Côde
				"	City		FL °° 2"	Code
office or r	to the provisions of Sections 60 registered agent, or both, in the sum familiar with, and accept the	State of Florida. Su	ch change was au	thorized b	y the corporat	poration submits this statement for the pulion's board of directors. I hereby accept t	rpose of changing in the appointment as	ts registered registered
SIGNATURE								
SIGNATURE	Signature, typed or printed name of register	ed agent and title if applica	ible. (NOTE: I	Registered Ag	ent signature requir	ed when reinstating) $\beta = 0.0 \sqrt{2} \gamma$	DATE	
12.	OFFICER	S AND DIRECTOR	RS	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECT	ORS IN 12
TITLE	PD		DELETE	1.1 TITLE		1. 37.5	☐ Change	e
NAME	SEGRERA, PEDRO			1.2 NAME		- -		
STREET ADDRESS	1460-M N.W. 107 AVENUE			1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-	ST-ZIP			
TITLE			☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME				2.2 NAME				,
STREET ADDRESS				2.3 STREE	ET ADDRESS			
CITY-ST-ZIP				2. 4 CITY	ST-ZIP			
TITLE	•	•	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME .				3.2 NAME				
STREET ADDRESS				3.3 STREE	ET ADDRESS	化二氢二氢二氢二氢二氢酚二氢		1127 5783-1421
CITY-ST-ZIP				3.4. CITY-	ST-ZIP	\$ 1.00 give \$1.00 give		
TITLE			□ DELETE	4.1 TITLE		1. 1. 34. 4. (* 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Change	Addition
NAME:				4. 2 NAME		,	•	
STREET ADDRESS				4.3 STREI	ET ADDRESS			1
CITY-ST-ZIP				4.4 CITY-	ST-ZIP			
TITLE			☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREE	ET ADDRESS		•	
CITY-ST-ZIP				5.4 CITY-	ST-ZIP			
TITLE			☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME				6.2 NAME		-		.
STREET ADDRESS				6.3 STREE	ET ADDRESS			

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 yastee 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 go an attachment with an address, with all other like empowered. with all other like empowered SIGNATURE: X

6.4 CITY-ST-ZIP