FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

H80163

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DOCUMENT #

1. Corporation Name

1	J	į

BRAKE	WORLD ENTERPRISES, IN	NC.							
Principal Place of 300 N.W. 82N #410	D AVENUE	Mailing Address 300 NW B2ND AYENU STE: 210 PLANTATION FL 3332							
PLANTATION US	PL 33324	US US	•			 Date Incorporated or Qualified 10/09/1985 		of Last Re 4/25/19	
2. Principal Plac	oe of Business	2a. Mailing Address				4, FEI Number 65-0493454			Applied For Not Applicable
Suite, Apt. #,	elc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution		,	O May Be d to Fees
Zip 24	Country 25	Z(p	30	intry		8. This corporation has liability for Florida Statutes	ntangible ta	ıx under s	199.032,
£4	g, Name and Address of Curren		_1551	T		10. Name and Address of New F	egistered	Agent	
	3, 144,10			81	Name				
	ESTHER			82	Street Addr	ess (P.O. Box Number is Not Acceptat	le)		
SUITE 4				83					
. –	TION FL 33324			84	City		FL	.	ip Code
or registere familiar with SIGNATURE	o the provisions of Sections 607.0502 of agent, or both, in the State of Florin, and accept the obligations of, Sect signature, typed or profiled name of high-left agent	da. Such change was authorization 607.0505, Florida Statute:	zed by trie s.	corp	oration's boa	ation submits this statement for the purific of directors. I hereby accept the app	rpose of chointment as	anging its i registered	registered office I agent. I am
		ID DIRECTORS	T 13.		in the grant or a polymor	ADDITIONS/CHANGES TO OFF	ICERS ANI	DIRECTO	ORS IN 12
12.	PD	DELETE		TITLE				☐ Change	
NAME	ESTHER, MURAM		- 1	IAME					
STREET ADDRESS	300 NW 82ND AVENUE		1.3 5	STREET	ADDRESS				
CITY-ST-ZIP	PLANTATION FL		1,4 (OITY - S	ST - ZIP				
TITLE		☐ DELETE	2.1	THLE				☐ Change	Addition
NAME			2.21	NAMÉ					
STREET ADDRESS			235	STREFT	T ADDRESS				
CITY-SI-ZIP			240	CITY-5	ST-ZIP				
TITLE		DELETÉ	3 1	TITLE				Change	☐ Addition
NAME				NAME	-				
STREET ADDRESS					T ADDRESS				
CITY - ST - ZIP		E DELETE	···		ST-ZIP			Change	Addition
TITLE		DELETE		TITLE				onange	
NAME				NAME	1 ADDRESS				-
STREET ADDRESS					ST-ZIP				!
CITY-ST-ZIP		DELETE		TITLE				Change	Addition
TITLE NAME		L_1 ==== /t.		NAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP					ST-ZIP				
TITLE		DELETE		TITLE				☐ Change	Addition
NAME			62	NAME					
STREET ADDRESS			63	STHEE	T ADDRESS				
AIT OT 710			6.4	CITY-	ST-ZIP				
dill I do borob	cordify that the information supplied	with this filipo is voluntarily fu	rnished an	d do	es not qualify	for the exemption stated in Section 11	9.07(3)(k), F	lorida Stat	utes. I further

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annua 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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

OFFICER OR DIRECTOR

SIGNATURE:

CR2E034 (12/95)