FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J53983** **(9)**

1. Corporation Name

MITRANI/BRYSMAN, INC.

Principal Place of Business	Mailing Address
~~477 NE 154 STREET~~ ~~NORTH MIAMI FL 33162~~ US	~~477 NE 154 ST~~ ~~NORTH MIAMI FL 33162~~ US

2. Principal Place of Business	2a. Mailing Address
21 6210 SW 186 WAY	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: FT. LAUDERDALE FL	28 City & State:
24 Zip: 33332 25 County: USA	29 Zip: 30 County:

3. Date Incorporated or Qualified: 01/22/1987
3a. Date of Last Report: 04/26/1995
4. FEI Number: 59-2756965 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BRYSMAN, TERRIN
4901 ADAMS STREET
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.1502, Florida Statutes, the attached document submitted with this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	BRYSMAN, TERRIN		12 NAME		
STREET ADDRESS	4901 ADAMS ST.		13 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		14 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	21 TITLE		☑ Change ☐ Addition
NAME	MITRANI, ALBERTO		22 NAME		
STREET ADDRESS	~~4008 MADISON ST~~		23 STREET ADDRESS	5029 POLK ST	
CITY-ST-ZIP	~~HOLLYWOOD FL~~		24 CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is true, accurate and complete. I further certify that the information indicated on this report or supplemental 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 added above.

SIGNATURE: Alberto E Mitrani ALBERTO E. MITRANI 4/5/96 (305)949-7239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)