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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K39891

(2)

1. Corporation Name
BRAINSELL, INCORPORATED



Principal Place of Business

4105-R LAGUNA ST.
4081 BARBAROSSA
CORAL GABLES FL 33146
US

Mailing Address

4105-R LAGUNA ST.
4081 BARBAROSSA
CORAL GABLES FL 33146-1408
US

3. Date Incorporated or Qualified
10/17/1988

3a. Date of Last Report
06/23/1996

2. Principal Place of Business

21 ~~4105-R LAGUNA ST.~~

Suite, Apt. #, etc.

22 ~~4081 BARBAROSSA~~ Miami, FL

City & State

23 ~~4105-R LAGUNA ST.~~

Zip

24 ~~33146~~

Country

25 ~~USA~~

2a. Mailing Address

26 4107 Laguna St.

Suite, Apt. #, etc.

27

City & State

28 Coral Gables, FL

Zip

29 33146

Country

30 USA

4. FEI Number

65-0094052

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

CHIMELIS, RICHARD
4081 BARBAROSSA
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name Theodore Evangelakis

82 Street Address (P.O. Box Number is Not Acceptable)
4107 Laguna St.

83

84 City Coral Gables FL 85 Zip Code 33146

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits 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

Theodore Evangelakis

Theodore Evangelakis, VP

4/18/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME RICHARD CHIMELIS
STREET ADDRESS 4081 BARBAROSSA
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE VPTD
NAME TED EUANGELAKIS
STREET ADDRESS 535 ALMERIA AVE
CITY-ST-ZIP CORA GABLES FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VPTD ☒ Change ☐ Addition
2.2 NAME Theodore Evangelakis
2.3 STREET ADDRESS 4107 Laguna St.
2.4 CITY-ST-ZIP Coral Gables, FL 33146

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Theodore Evangelakis

4/18/97

305-442-8060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2000070

CR2E034 (9/96)