CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

02-22-1999 90053 017 ***150.00

DOCUMENT #	K44506
Corporation Name	117 1000

BRIJEN, INC.

	40	Marilian Add			····				
Principal Plac		Mailing Address							
5776 LADYLUC	• -	5776 LADYLUCK RD PLAM BCH GARDENS FL 334	41R						
US	RDENS FL 33418	US	410			DO NOT WRITE IN THIS	SPACE		
		÷ *				3. Date Incorporated or Qualifed			
						11/09/1988			
2. Principal P	face of Business	2a. Mailing Address				4. FEI Number	\vdash	Applied	
21 /3/4	<u>Central</u> Industria	26				65-0082298	<u> </u>	Not Ap.	plicable
Suite, Apt. #, etc.						5. Certificate of Status Desired		Require	
City & Stat		City & State				6. Election Campaign Financing	\$5.0	00 May	Re
23 RIVI	ra Beach KolmBel	28				Trust Fund Contribution		ed to Fe	
Zip	Country	Zip	Cour	ntry	 	8. This corporation owes the current year in	tangible		
24 334	104 25 USA	29 3	10			Personal Property Tax.	☐ Yes		10
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent		
	MEN OID			81	Name				ſ
	YNEUX, CARA		}	82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	S LADYLUCK RD		ļ	_					
PAL	M BCH. GARDENS FL 33418			83					•
			ŀ	84	City		85 Z	ip Code	,
						pration submits this statement for the purpose o		14	
SIGNATURE	Signature, typed or printed name of registered agent		Registered A	Agent	t signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS	— IN 12
TITLE	D	☐ DELETE	1.1 T(T)	LE			☐ Chan	ge [Addition
NAME	MOLYNEUX, MICHIEL		1.2 NA	ME					ļ
STREET ADDRESS	5776 LADYLUCK RD		1.3 STF	REET.	ADDRESS				
CITY-ST-ZIP	PALM BCH. GARDENS FL		1.4 CIT	Y-\$T	-ZIP				
TITLE	D	☐ DELETE	2.1 TIT	LE			☐ Chan	ge [Addition
NAME	MOLYNEUX, CARA		2.2 NA	ME					
STREET ADDRESS	5776 LADYLUCK RD		2.3 ST	REET	ADDRESS				
CITY-ST-ZIP	PALM BCH. GARDENS FL		2. 4 CI		T-ZIP				Addition
TITLE		☐ DELETE	3.1 TIT				☐ Chan	ge L	Addition
NAME			3.2 NA						ļ
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			3.4. CIT		T-ZIP	<u> </u>	☐ Chan	ge l'	Addition
TITLE			4.1 III 4. 2 NA				5	o- L	
NAME					ADDRESS]
STREET ADDRESS							•		}
CITY-ST-ZIP		DELETE	4.4 CIT 5.1 TIT		-211"	· · · · · · · · · · · · · · · · · · ·	☐ Chan	ge [Addition
NAME			5.2 NA				·		
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CIT		í				
TITLE	 	☐ DELETE	6.1 TIT				Chan	ge [Addition
NAME			6.2 NA	ME		,			1

6.4 CITY-ST-ZIP CITY-ST-ZIP 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS