

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 7:13

DOCUMENT # **K57262** (3)
1. Corporation Name
BRACO, INC.

Principal Place of Business Mailing Address
% SEMET, LICKSTEIN, MORGENSTERN & BERGER **% SEMET, LICKSTEIN, MORGENSTERN & BERGER**
201 ALHAMBRA CIRCLE, 12TH FLOOR **201 ALHAMBRA CIRCLE, 12TH FLOOR**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/11/1989** 3a. Date of Last Report **03/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0092950		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SEMET, LICKSTEIN, MORGENSTERN & BERGER 201 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES FL 33134				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LIMA, JAME	1.2 NAME	
STREET ADDRESS	3500 MYSTIC PONTE #3005	1.3 STREET ADDRESS	3500 MYSTIC PONTE DR. #1208
CITY-ST-ZIP	AVENTURA FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LIMA, RICARDO	2.2 NAME	
STREET ADDRESS	3500 MYSTIC PONTE #3005	2.3 STREET ADDRESS	3500 MYSTIC PONTE DR. #1208
CITY-ST-ZIP	AVENTURA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LIMA, ALIDA FABREGA	3.2 NAME	
STREET ADDRESS	3500 MYSTIC PONTE #3005	3.3 STREET ADDRESS	3500 MYSTIC PONTE DR. #1208
CITY-ST-ZIP	AVENTURA FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LIMA, LINDA	4.2 NAME	
STREET ADDRESS	3500 MYSTIC PONTE #3005	4.3 STREET ADDRESS	3500 MYSTIC PONTE DR. #1208
CITY-ST-ZIP	AVENTURA FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LIMA, MILDRED	5.2 NAME	
STREET ADDRESS	3500 MYSTIC PONTE #3005	5.3 STREET ADDRESS	3500 MYSTIC PONTE DR. #1208
CITY-ST-ZIP	AVENTURA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ricardo de Lima* **3/28/95** **35-935-0028**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICARDO DE LIMA
0159004 CP