

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K57262** (3)

1. Corporation Name
BRACO, INC.



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

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Site, Apt. #, etc.					Site, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated or Qualified 01/11/1989	3a. Date of Last Report 04/04/1995
4. FEI Number 65-0092950	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SEMET, LICKSTEIN, MORGENSTERN & BERGER
201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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

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 _____ (Name, title or position of agent for the state of Florida) (Title, Registered Agent Signature required when registering) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LIMA, JAIME	12 NAME	
STREET ADDRESS	3500 MYSTIC PINTE DR., #1208	13 STREET ADDRESS	
CITY, ST, ZIP	AVENTURA FL	14 CITY, ST, ZIP	
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LIMA, RICARDO	22 NAME	
STREET ADDRESS	3500 MYSTIC POINTE DR #1208	23 STREET ADDRESS	
CITY, ST, ZIP	AVENTURA FL	24 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LIMA, ALIDA FABREGA	32 NAME	
STREET ADDRESS	3500 MYSTIC POINTE DR #1208	33 STREET ADDRESS	
CITY, ST, ZIP	AVENTURA FL	34 CITY, ST, ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LIMA, LINDA	42 NAME	
STREET ADDRESS	3500 MYSTIC POINTE DR #1208	43 STREET ADDRESS	
CITY, ST, ZIP	AVENTURA FL	44 CITY, ST, ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LIMA, MILDRED	52 NAME	
STREET ADDRESS	3500 MYSTIC POINTE DR #1208	53 STREET ADDRESS	
CITY, ST, ZIP	AVENTURA FL	54 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(k), 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: *Michael H. de Lima*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MIL MRED H. DE DE LIMA

January 26, 1996 305-935-6038
 Date Date Printed

CR2E034 (12/95)