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**Feb 05 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 # K57262 (3)

1. Corporation Name:
BRACO, INC.



Principal Place of Business: **% SEMET, LICKSTEIN, MORGENSTERN & BERGER 201 ALHAMBRA CIRCLE, 12TH FLOOR CORAL GABLES FL 33134**
Mailing Address: **% SEMET, LICKSTEIN, MORGENSTERN & BERGER 201 ALHAMBRA CIRCLE, 12TH FLOOR CORAL GABLES FL 33134-5108**

3. Date Incorporated or Qualified: **01/11/1989**
3a. Date of Last Report: **02/02/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	65-0092950	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	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		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. City	
		84. State	FL
		85. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LIMA, JAIME	1.2 NAME	
STREET ADDRESS	3500 MYSTIC PINTE DR., #1208	1.3 STREET ADDRESS	
CITY - ST - ZIP	AVENTURA FL	1.4 CITY - ST - ZIP	
TITLE	DVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LIMA, RICARDO	2.2 NAME	De Lima Mildred
STREET ADDRESS	3500 MYSTIC POINTE DR #1208	2.3 STREET ADDRESS	3500 Mystic Pointe Dr. #1208
CITY - ST - ZIP	AVENTURA FL	2.4 CITY - ST - ZIP	Aventura Fl.
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LIMA, ALIDA FABREGA	3.2 NAME	De Lima Alida
STREET ADDRESS	3500 MYSTIC POINTE DR #1208	3.3 STREET ADDRESS	3500 Mystic Pointe Dr. #1208
CITY - ST - ZIP	AVENTURA FL	3.4 CITY - ST - ZIP	Aventura Fl.
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LIMA, LINDA	4.2 NAME	
STREET ADDRESS	3500 MYSTIC POINTE DR #1208	4.3 STREET ADDRESS	
CITY - ST - ZIP	AVENTURA FL	4.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LIMA, MILDRED	5.2 NAME	
STREET ADDRESS	3500 MYSTIC POINTE DR #1208	5.3 STREET ADDRESS	
CITY - ST - ZIP	AVENTURA FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: *Mildred H. DeLima* January 30, 1997 305-444-1400

CR2E034 (9/96)