

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/11/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0092950	
24 Country		30 Country		Applied For	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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 FRED K. LICKSTEIN
82 Street Address (P.O. Box Number is Not Acceptable)
100 S.E. 2nd St.
83 FLOOR 17
84 City MIAMI
85 Zip Code FL 33131-2107

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 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	S	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LIMA, ALIDA FABREGA	22 NAME	
STREET ADDRESS	3500 MYSTIC POINTE DR #1208	23 STREET ADDRESS	
CITY - ST - ZIP	AVENTURA FL	24 CITY - ST - ZIP	
TITLE	T	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LIMA, LINDA	32 NAME	
STREET ADDRESS	3500 MYSTIC POINTE DR #1208	33 STREET ADDRESS	
CITY - ST - ZIP	AVENTURA FL	34 CITY - ST - ZIP	
TITLE	VP	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LIMA, MILDRED	42 NAME	
STREET ADDRESS	3500 MYSTIC POINTE DR #1208	43 STREET ADDRESS	
CITY - ST - ZIP	AVENTURA FL	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 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 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 *[Signature]* F. L. L. 1998 301-025 1028

CR2E034 (10/97)