

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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/11/1989
4. FEI Number 65-0092950
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) **SEMET, LICKSTEIN, MORGENSTERN & BERGER
100 S.E. 2nd St.
FLOOR 17**
83 City **MIAMI** FL 85 Zip Code **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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	DE LIMA, JAIME	
STREET ADDRESS	3500 MYSTIC PINTE DR., #1208	
CITY-ST-ZIP	AVENTURA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DE LIMA, ALIDA FABREGA	
STREET ADDRESS	3500 MYSTIC POINTE DR #1208	
CITY-ST-ZIP	AVENTURA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DE LIMA, LINDA	
STREET ADDRESS	3500 MYSTIC POINTE DR #1208	
CITY-ST-ZIP	AVENTURA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DE LIMA, MILDRED	
STREET ADDRESS	3500 MYSTIC POINTE DR #1208	
CITY-ST-ZIP	AVENTURA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)(j), 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 _____ DATE **FEB 09 1998**

CFR2E034 (10/97)