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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K57262

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 c/o Barry N. Semet Suite, Apt. #, etc. 22 100 S.E. 2nd St., 17th FL City & State 23 Miami, Florida Zip Country 24 33131 25 Miami-Dade	2a. Mailing Address 26 c/o Barry N. Semet Suite, Apt. #, etc. 27 100 S.E. 2nd St., 17th FL City & State 28 Miami, Florida Zip Country 29 33131 30 Miami-Dade	3. Date Incorporated or Qualified 01/11/1989	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 owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

SEMET, LICKSTEIN, MORGENSTERN & BERGER
 100 S.E. 2ND ST.
 FLOOR 17
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	Barry N. Semet
82 Street Address (P.O. Box Number is Not Acceptable)	100 S.E. 2nd Street
83	17th Floor
84 City	Miami, FL
85 Zip Code	33131

11. Pursuant to the provisions of Sections 607.05(2) 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: *[Signature]* DATE: 4/2/99

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 checked="" type="checkbox"/> DELETE
NAME	DE LIMA, ALIDA FABREGA	
STREET ADDRESS	3500 MYSTIC PUNTE DR #1208	
CITY-ST-ZIP	AVENTURA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DE LIMA, LINDA	
STREET ADDRESS	3500 MYSTIC PUNTE DR #1208	
CITY-ST-ZIP	AVENTURA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DE LIMA, MILDRED	
STREET ADDRESS	3500 MYSTIC PUNTE DR #1208	
CITY-ST-ZIP	AVENTURA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	De Lima, Mildred	
1.3 STREET ADDRESS	3500 Mystic Pointe Dr. #1208	
1.4 CITY-ST-ZIP	Aventura, FL 33180	
2.1 TITLE	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	De Lima, Jaime	
2.3 STREET ADDRESS	3500 Mystic Pointe Dr. #1208	
2.4 CITY-ST-ZIP	Aventura, Florida 33180	
3.1 TITLE	D/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	De Lima, Linda	
3.3 STREET ADDRESS	3500 Mystic Pointe Dr. #1208	
3.4 CITY-ST-ZIP	Aventura, Florida 33180	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	De Lima, Rene (Jr)	
4.3 STREET ADDRESS	3500 Mystic Pointe Dr. #1208	
4.4 CITY-ST-ZIP	Aventura, Florida 33180	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(f), 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, with all other like empowered;

SIGNATURE: *[Signature]* DATE: 2/17/99 305-798-9216
 Signature and typed or printed name of signing officer or director: Mildred de Lima, Director and President

CR2E034 (11/98)