

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K75998 (0)

1. Corporation Name

BRUCON CORPORATION

Principal Place of Business

Mailing Address

6478 N. W. 63 WAY  
PARKLAND FL 33067

6478 N. W. 63 WAY  
PARKLAND FL 33067

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MAY 1 1996  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

2a. Mailing Address

21 6478 N.W. 63 Way 26 6478 N.W. 63 Way

22 Suite, Apt. #, etc

23 Parkland

24 City & State

25 FL

26 Zip

27 33067

28 Country

29 Broward

30 33067

31 Country

32 Broward

9. Name and Address of Current Registered Agent

LAGALA, BRUNO  
1510 SOUTHWEST 5TH AVENUE  
POMPANO BEACH FL 33060

3. Date Incorporated or Qualified  
03/28/1989

3a. Date of Last Report  
02/07/1995

4. FEI Number  
65-0111683

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name  
LA GALA BRUNO

82 Street Address (P.O. Box Number is Not Acceptable)

83 6478 N.W. 63 WAY

84 Parkland

85 City

FL 85 Zip Code  
33067

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

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

(If not, Registered Agent signature required when reappointing)

DATE

6-11-96

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
LAGALA, BRUNO  
1510 SW 5TH AVE.  
POMPANO BEACH FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DST  
LAGALA, CONNIE  
1510 SW 5TH AVE.  
POMPANO BEACH FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
DP  
LAGALA, BRUNO  
6478 N.W. 63 WAY  
PARKLAND, FL 33067

☒ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
DST  
LAGALA, CONNIE  
6478 N.W. 63 WAY  
PARKLAND, FL 33067

☒ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

☐ Change ☐ Addition

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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Bruno Laga  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-96 954-341-4589  
Date Daytime Phone

CR2E034 (3/96)