

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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K94120 (8)

1. Corporation Name
BRAM PERSAUD, INC.

Principal Place of Business
282 S.W. 27TH AVE.
FT. LAUDERDALE FL 33312

Mailing Address
282 S.W. 27TH AVE.
FT. LAUDERDALE FL 33312-1200



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/09/1989		3a. Date of Last Report 05/01/1996	
21 282 SW 27th Ave		26 282 SW 27th Ave		4. FEI Number 65-0125311		Applied For Not Applicable	
22 FT/Land - FL 33312		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 5		28 FT/Land - FL		6. Election Campaign Financing: Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33312		25 Broward		29 33312		30 Broward	

8. Name and Address of Current Registered Agent PERSAUD, JENNIFER R 282 S.W. 27TH AVENUE FT. LAUDERDALE FL 33312				10. Name and Address of New Registered Agent			
81 Name Jennifer Persaud				82 Street Address (P.O. Box Number is Not Acceptable)			
83 282 SW 27th Ave				84 City Fort Lauderdale FL 85 Zip Code 33312			

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) (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PERSAUD, JENNIFER R. 5291 SW 5 ST. PLANTATION FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Same
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PERSAUD, JENNIFER R. 5291 SW, 5 ST. PLANTATION FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Same
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jennifer R. Persaud 4/25/97 954-321-9802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)