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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

93 FEB -6 PM 4: 17

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **L01819** (6)

1. Corporation Name  
**FIVE BROTHERS CORPORATION**

DO NOT WRITE IN THIS SPACE.

|   |   |
|---|---|
| Principal Place of Business                   | Mailing Address                               |
| 8990 CORAL WAY<br>S29<br>MIAMI FL 33165<br>US | 8990 CORAL WAY<br>S29<br>MIAMI FL 33165<br>US |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>07/11/1989</b>  | 3a. Date of Last Report<br><b>03/03/1994</b> |
| 4. FEI Number<br><b>65-0148920</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required               |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees                  |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                |                           |
|--------------------------------|---------------------------|
| 2. Principal Place of Business | 2a. Mailing Address       |
| 21<br>Suite, Apt. #, etc.      | 26<br>Suite, Apt. #, etc. |
| 22<br>City & State             | 27<br>City & State        |
| 23<br>Zip                      | 28<br>Country             |
| 24<br>Country                  | 25<br>Zip                 |
| 29<br>Country                  | 30<br>Zip                 |

9. Name and Address of Current Registered Agent

VINA, RAPHAEL E  
8990 CORAL WAY  
S29  
MIAMI FL 33165

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | 85 Zip Code |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                 |                      |
|-----------------|----------------------|
| TITLE           | D                    |
| NAME            | VINA, AMADO M.       |
| STREET ADDRESS  | 5975 SUNSET DR. #605 |
| CITY - ST - ZIP | SOUTH MIAMI FL       |
| TITLE           | D                    |
| NAME            | VINA, CONCHITA B.    |
| STREET ADDRESS  | 5975 SUNSET DR #605  |
| CITY - ST - ZIP | SOUTH MIAMI FL       |
| TITLE           | D                    |
| NAME            | VINA, RAPHAEL E.     |
| STREET ADDRESS  | 8990 CORAL WAY S29   |
| CITY - ST - ZIP | MIAMI FL             |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                               |  |
|---------------------|-------------------------------|--|
| 1.1 TITLE           | D                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | AMADO M. VINA                 |  |
| 1.3 STREET ADDRESS  | 255 ALHAMBRA Circle Suite 715 |  |
| 1.4 CITY - ST - ZIP | CORAL GABLES, FL 33134        |  |
| 2.1 TITLE           |                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | CONCHITA B. VINA              |  |
| 2.3 STREET ADDRESS  | 255 ALHAMBRA Circle Suite 715 |  |
| 2.4 CITY - ST - ZIP | CORAL GABLES, FL 33134        |  |
| 3.1 TITLE           |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                               |  |
| 3.3 STREET ADDRESS  |                               |  |
| 3.4 CITY - ST - ZIP |                               |  |
| 4.1 TITLE           |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                               |  |
| 4.3 STREET ADDRESS  |                               |  |
| 4.4 CITY - ST - ZIP |                               |  |
| 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE: *AMADO M. VINA*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

705-229-1218  
Date (Month/Year)