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

FILED Apr 29 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L07887 (7)BRACHA HOLDING, INC. Principal Place of Business Mailing Address 4100 COLLINS AVENUE 4100 COLLINS AVENUE MIAMI BEACH FL 33140-3206 MIAMI BEACH FL 33140-3206 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/09/1989 2. Principal Place of Business 20. Mailing Address Applied For 21 Not Applicable 26 65-0134607 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 26 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible □ No 25 Personal Property Tax due June 30. ☐ Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEUTSCH, SEYMOUR 4100 COLLINS AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33140 83 84 City 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 Signature, typed or printed name of registered agent and lifle if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Addition DELETE 1.1 7(TLE Change TITL F DEUTSCH, SEYMOUR 1 2 NAME NAME 4100 COLLINS AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 1.4 CITY - ST- ZIP Change Addition DELETE 21 TITLE 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3 1 TITLE Addition TITL F NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7/P DELETE Channe Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADORESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - \$T - ZiP

his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inval report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an irror trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in most with a production.

1/22/98

305 538-6366

CITY-ST-ZIP

SIGNATURE:

14. Thereby certify that the information supplindicated on this annual report or supplied officer or director of the corporation or the Block 12 or Block 13 if changed, or on a

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nent with an address