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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L23266

(4)

BRAND INT. CO.

FILED Mar 06 1997 8:00am Secretary of State

Principal Place of Business % ELLIOT KELS 121 N.E. 3RD ST. HALLANDALE FL 33009		Mailing Address * ELLIOT KELS 121 N.E. 3RD ST. HALLANDALE FL 33009-4218			I SOCIJON ĐỊO SLOĐE LIKIE LIBIO ĐƯỢC ĐƯỢC ĐIỆC ĐƯỢC ĐƯỢC ĐƯỢC ĐƯỢC ĐƯỢC ĐƯỢC ĐƯỢC ĐƯỢ				
						3. Date Incorporated or Qualified 10/17/1989		e of Last 5/1996	Report
2. Principal Place of Business		28. Mailing Address 26			4. FEI Number 65-0151611			Applied For Not Applicable	
Suite, Apt	#, etc	Suite Apt. #, etc				5. Certificate of Status Desired			Additional
2		27							Required
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Z(p)	Country	Zip	Cou	untry		8. This corporation has liability for i	intangible	ax under	
4	[25]	29	30	Υ			Yes [
VEI C	Name and Address of Cu ELLIOTT	irrent Hegisterea Agent		B1	Name	10. Name and Address of New Re	gistered A	gent	
	N.E. 3RD ST.					-			
	ANDALE FL 33009			82	Street Add	fress (P.O. Box Number is Not Acceptab	ole)		
				83					
				84	City			85 Zi	p Code
							FL		
SIGNATURE	Signature systems or point diname of neglicini	od anzier and hije if and brahdz					DATE		
19					l signature requ	ired when reinstating! ADDITIONS/CHANGES TO DEFICE		DIBECTO	ORS IN 12
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4. Ldo hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes I further certify that the information and on the annual report or supplied 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 open as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 if changed, or a fallachment with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Dave