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FILED
Feb 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **L28785** (8)
1. Corporation Name
BRUGAR INVESTMENT CORP.



Principal Place of Business: ~~2131 SW 68TH AVENUE WEST MIAMI FL 33156~~
Mailing Address: ~~2131 SW 68TH AVENUE WEST MIAMI FL 33156-1828~~

3. Date Incorporated or Qualified: **11/06/1989**
3a. Date of Last Report: **08/18/1996**
4. FEI Number: **65-0156096**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **261 WESTWARD DRIVE**
2a. Mailing Address: **1280 PARTRIDGE AVE**
22. Suite, Apt. #, etc.: **SUITE #103**
23. City & State: **MIAMI SPRINGS, FL.**
24. Zip: **33166** 25. Country: **DADE**
26. Suite, Apt. #, etc.:
27. City & State:
28. City & State: **MIAMI SPRINGS, FL.**
29. Zip: **33166** 30. Country: **DADE**

9. Name and Address of Current Registered Agent
BRUNO G UGARTE
1280 PARTRIDGE AVE
MIAMI FL 33166

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 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: *[Signature]* DATE: **FEB 20, 1997**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

T NAME: UGARTE, MICHAEL W. STREET ADDRESS: 2131 SW 68TH AVENUE CITY-ST-ZIP: WEST MIAMI FL	<input checked="" type="checkbox"/> DELETE
VP NAME: PUJOL, ZAIDA U. STREET ADDRESS: 2131 SW 68TH AVENUE CITY-ST-ZIP: WEST MIAMI FL	<input checked="" type="checkbox"/> DELETE
S NAME: UGARTE, WILLIAM A. STREET ADDRESS: 2131 SW 68TH AVENUE CITY-ST-ZIP: WEST MIAMI FL	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: BRUNO G UGARTE	
1.3 STREET ADDRESS: 1280 PARTRIDGE AVE	
1.4 CITY-ST-ZIP: MIAMI SPRINGS, FL 33166	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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; that 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: *[Signature]* DATE: **FEB 20, 1997** DAYTIME PHONE: **884-3060**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)