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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

BRAKER ECHAVARRIA CORPORATION

FILED Apr 03 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							1511 B B B	idli cil	II MEREL L VV I
16020 NW 02 AVENUE 16020 NW 62 AVENUE									
-MAMIFL O	A WARRIAN AND AL	3160 To MAN DELUKE			DO NOT HIDITE IN THE OFFICE				
200 0	applicate the transfer	7 3000	m	00	e sa	DO NOT WRITE IN THI 3. Date Incorporated or Qualified	5 SPACE		
W.MIN	Apricu ph for	3140 Tel una	rr 73	A.	I LL FE	01/18/1990			
	Place of Business	2a, Mailing Address			-75	4. FEI Number		TAC	volied For
21	•	26 JOO B KYVIBA IN POY				Applied For Not Applicable			
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				¢0.75			
22		27 504			6. Certificate of Status Desired	Certificate of Status Desired Fee Required			
City & Sta	te	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28 N. WIMMEN BEXULTE			Trust Fund Contribution	Trust Fund Contribution			
Zip	Country	Žiρ	<u> </u>			8. This corporation owes or has paid the c			
24	8 Name and Address of Cu	29 3960 30 d Address of Current Registered Agent		//	1	Personal Property Tax due June 30. Yes No			
-		ment pagistaled Agent		81	Name	10. Name and Address of New Registere	a Agent		
	CHAVARRIA, GRACE				. vairie				
	8620 NW 82 AVE IAMI-FL 83010			82 Street Address (P.O. Box Number is Not Acceptable)					
. 1 779	RANIE I.C. OOO IO			83					
				84	City	F	85	Zip (Code
11. Pursuant	to the provisions of Sections 607	0502 and 607 1508. Florida Statu	des the el	hove	-named core	poration submits this statement for the nurnose	of chanc	ning it	e ragietarad
office or i	regi s tered agent, or both, in the S	State of Florida. Such change was ibligations of Section 607.0505. F	authorized	d by	the corpora	tion's board of directors. I hereby accept the ap	pointme	ent as	registered
ū	этт вынятак with, апо всеерт (пе с	ibilgations of, section 607.0505, h	ionida Siai	wes.					
SIGNATURE	Signature, typed or printed name of registers	od agent and title if applicable (NO	TE Registered	d Ager	it signature requ	red when reinstating) DATE			
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AT	VD DIRE	CTOR	S IN 12
TITLE	PD	DELETE	1.1 10	TLE			Ch		Addition
NAME	BRAKER, ADELFA		1.2 NA	AME					
STREET ADDRESS	18620 NW 82 AVE.	-	1.3 \$1	IREET A	ADDRESS				
CITY-ST-ZIP	MAMIFL			TY - S1	- ZIP				
TITLE	VD SOLIAMADONA ODAOS	☐ DELETE	2.1 Til	TLE		·	Ch	ange	Addition
NAME	ECHAVARRIA, GRACE			2.2 NAME		and the same and the	me		
STREET ADDRESS	10020 NW 02 AVE:		2351	REET A	DORESS .	100 BYVEY ACT			<i>y</i>
CITY-ST-ZIP	-MAMIFL					HITH DAY FO			7
TITLE	L DELETE			3.1 TITLE		·	∟J Ch	ange	☐ Addition
NAME			3.2 NA						
STREET ADDRESS			1		DDRESS				
CITY-ST-ZIP TITLE				ITY-SI	- ZIP		Пон	2000	Addition
		∏ DETER	4.1 TIT				∐ Chi	anye	Addition
NAME CTREET ADDRESS			4. 2 N/		DDDEGG				i
STREET ADDRESS					DDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	4.4 Cil 5.1 Til		-ZIP		Cha	anne	Addition
NAME			5.2 NA				L.J VIII	ណាអ្នក	☐ MUURRII
STREET ADDRESS					DDRESS				
CITY-ST-ZIP									
TITLE		DELETE	5.4 CIT 6.1 TIT		- 217		☐ Cha	anne	Addition
NAME		Last December	6.2 NA				ال مال	ango	L VONIONI
STREET ADORESS					DDRESS				ļ
CITY-ST-ZIP					ı				
0111-01-747			6.4 CIT	11-51-	LIF				

14. I 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 supplied ental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 path an address.