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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 97

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # L55794 (6)  
1. Corporation Name  
BRAND EXPORT/IMPORT INC.

Principal Place of Business: 3802 EHRlich RD. SUITE 110 TAMPA FL 33624  
Mailing Address: 3802 EHRlich RD. SUITE 110 TAMPA FL 33624-2330

2. Principal Place of Business: 21 15507 Grandy Place  
26 P.O. Box 340613  
27 Suite, Apt. #, etc.  
28 TAMPA, FL  
29 TAMPA, FL  
24 33624 25 Country 29 33694 30 Country

3. Date Incorporated or Qualified: 03/05/1990  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 59-2998330  
5. Certificate of Status Desired: \$8.75 Additional Fee  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent: LOWERY, SILVANA 3802 EHRlich RD. TAMPA FL 33624

10. Name and Address of New Registered Agent: 81 Name: David L. Lowery  
82 Street Address (P.O. Box Number is Not Acceptable): 15507 Grandy Place  
84 City: TAMPA FL 85 Zip Code: 33624

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: David L. Lowery 1-15-97 DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	V	<input checked="" type="checkbox"/>
NAME	LOWERY, SILVANA	
STREET ADDRESS	16216 PINEROCK DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input checked="" type="checkbox"/>
NAME	LOWERY, THOMAS	
STREET ADDRESS	2714 BUCKNELL AVE	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	T	<input checked="" type="checkbox"/>
NAME	LOWERY, MARK A	
STREET ADDRESS	1005 HEMBREE GROVE DR	
CITY-ST-ZIP	ROSWELL GA	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	David L. Lowery		
1.3 STREET ADDRESS	15507 Grandy Place		
1.4 CITY-ST-ZIP	TAMPA, FL 33624		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 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 with an address.

SIGNATURE: David L. Lowery 1-15-97 (013) 265-1246

CR2E034 (9/96)