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**May 02 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 # **L75085** (5)
1. Corporation Name
BRAS WATCH COMPANY



Principal Place of Business: **601 BRICKELL KEY DRIVE SUITE 405 MIAMI FL 33131 US**
Mailing Address: **% CARLOS MARTINEZ 601 BRICKELL KEY DR. STE 108 MIAMI FL 33131-2808 US**

3. Date Incorporated or Qualified: **05/23/1990**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **65-0196878**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. **501 BRICKELL KEY DR**
22. Suite, Apt. #, etc.: **SUITE 405**
23. City & State: **MIAMI FL**
24. Zip: **33131** Country: **USA**
25. **USA**

9. Name and Address of Current Registered Agent
MARTINEZ-CHRISTENSEN, CARLOS
~~601 BRICKELL KEY DR. SUITE 405~~
MIAMI FL 33131

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable): **501 BRICKELL KEY DR. SUITE 405**
84. City: **MIAMI FL** 85. Zip Code: **33131**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, FEDERICO	
STREET ADDRESS	170 OCEAN LINE DR	
CITY - ST - ZIP	KEY BISCAIYNE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MARTINEZ, CARLOS	
STREET ADDRESS	121 CRANDON BLVD #251	
CITY - ST - ZIP	KEY BISCAIYNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Addition
3.2 NAME	V.P. NICOLAS MARTINEZ
3.3 STREET ADDRESS	210 SEAVIEW DR #304
3.4 CITY - ST - ZIP	KEY BISCAIYNE, FL 33149
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 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 of this report on an attachment with an address.

SIGNATURE: **CARLOS MARTINEZ** (Signature and typed or printed name of signing officer or director)
DATE: **4/25/97** (305) 372-5069

CR2E034 (9/96)