SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L77015

(0)

BRETAS BRICK & TILE, INC.

FILED Aug 28 1997 8:00am Secretary of State

Principal Plac % MILSON BR 6390 HARBOR MARGATE FL	RETAS R BEND	\$	9	Mailing Address % NILSON BRETAS 6390 HARBOR BEND MARGATE FL 33063				- 5	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/23/1990 06/14/1996				
2. Principal Place of Business				2a. Mailing Address					4. FEI Number			Applied For	
21				26					65-0198123 Not Applicable				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				E	5. Certificate of Status Desired			Additional Required	
City & State				City & State				•	 Election Campaign Financing Trust Fund Contribution 			May Be to Fees	
Zip	Country			Zip		Country		E	3. This corporation owes or has p	paid the cu			
24	25 9, Name and Address of Curre		29		Apont 30				Personal Property Tax due June 30. Yes No				
PDE	ETAS, NILS		Current Hegit	stered Agent		81	Name	10	D. Name and Address of New F	legistered	Agent		
						0'	Name						
6390 HARBOR BEND BLDG 4, APT 3							Street	Address	ddress (P.O. Box Number is Not Acceptable)				
MARGATE FL 33063											 -		
mu	IIONIL I L	33003				83							
						84	City			FL	85 Zip	Code	
SIGNATURE	in landila Wi	an, and accept in	e ubligations o	1, section 607,0505,	atutes, the a as authorize Florida Sta	above ed by atutes	e-named the corp s.	corporati poration's	ion submits this statement for the board of directors. I hereby acc	purpose o	changing cintment as	its registered s registered	
	Signature lyp	or printed name of reg-			NO1L: Register		ent signature	required who	en reinstating)	DATE			
12.	D	OFFICE	RS AND DIREC		13.				ADDITIONS/CHANGES TO OFF	ICERS AND			
TITLE	BRETAS,	NII SON		L_J DELETE		TITLE					L Change	Addition	
NAME DIDECT ADDRESS		RBOR BEND				NAME							
STREET ADDRESS	MARGAT						ADDRESS						
CITY-ST-ZIP TITLE				☐ DELETE		CITY-S TITLE	1 - Z(P	-			Change	Addition	
NAME						NAME					C Charge	☐ Addition	
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CITY-ST-ZIP						CITY-S							
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STREET ADDRESS					3.3 \$	STREET	ADDRESS						
CITY-ST-ZIP						CITY-S	T-ZIP						
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NAME				☐ prir.(E	511	NAME					Change	☐ Addition	
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NAME				_ _		IAME							
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP						::::::::::::::::::::::::::::::::::::::							
14. I do hereb	y certify that	the information s	upplied with th	is filing does not qu	alify for the	exer	notion st	lated in S	ection 119.07(3)(i), Florida Statut	es. I further	certify that	l the	
Information	n indicated o ficer or direc	n this annual rep for of the corpora	ort or supplem ation or the rec	ental annual report i	is true and owered to	ACCU	rate and	that my c	signature shall have the same leg required by Chapter 607, Florida	al officet or	if mada un	adar aath, that I	