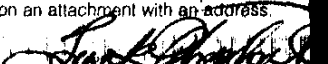


FILE NOW: FILING FEE AFTER MAY 1 IS \$55

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF Sandra B. Mori Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L95893 (8)			
1. Corporation Name BRAMALEA INTERNATIONAL INC.			
Principal Place of Business 710 EXECUTIVE CENTER DR. APT #6-22 WEST PALM BEACH FL 33401 US		Mailing Address 710 EXECUTIVE CENTER DRIVE APT #6-22 WEST PALM BEACH FL 33401-49 US	
2. Principal Place of Business 21 235 PONCE DELEON ST. Suite, Apt. #, etc. 22 City & State 23 ROYAL PALM BEACH, FL Zip 24 33411		2a. Mailing Address 26 235 PONCE DELEON ST. Suite, Apt. #, etc. 27 City & State 28 ROYAL PALM BEACH, FL Zip 29 33411	
3. Date Incorporated or Qualified 08/15/1990			
3a. Date of Last Report 08/06/1996			
4. FEI Number 65-0234449			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent URQUHART, FRANK PATRICK 710 EXECUTIVE CENTER DR., UNIT 6-22 WEST PALM BEACH FL 33401			
10. Name and Address of New Registered Agent			
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: typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)			
DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		2.5 TITLE 2.6 NAME 2.7 STREET ADDRESS 2.8 CITY - ST - ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		3.5 TITLE 3.6 NAME 3.7 STREET ADDRESS 3.8 CITY - ST - ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		4.5 TITLE 4.6 NAME 4.7 STREET ADDRESS 4.8 CITY - ST - ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		5.5 TITLE 5.6 NAME 5.7 STREET ADDRESS 5.8 CITY - ST - ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		6.5 TITLE 6.6 NAME 6.7 STREET ADDRESS 6.8 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date: 4/22/97 Daytime Phone: (561) 738-0113			



CR2E034 (9/96)