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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENTATE
Sandra B. Mor
Secretary of S
DIVISION OF CORPONS

DOCUMENT # **L95893** **(8)**

1. Corporation Name
BRAMALEA INTERNATIONAL INC.

Principal Place of Business	Mailing Address
710 EXECUTIVE CENTER DR. APT #6-22 WEST PALM BEACH FL 33401 US	710 EXECUTIVE CENTER DRIVE APT #6-22 WEST PALM BEACH FL 33401-49 US

3. Date Incorporated or Qualified: 08/15/1990
3a. Date of Last Report: 08/06/1996

4. FEI Number: 65-0234449 ☐ Applied For ☐ Not Applicable

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	2a. Mailing Address
21 235 PONCE DELEON ST.	26 235 PONCE DELELST.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 ROYAL PALM BEACH, FL	28 ROYAL PALM BEA, FL
24 Zip: 33411 / 25 Country: PALM BEACH	29 Zip: 33411 / 30 Ccy: PA BEACH

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
1 Name
2 Street Address (P.O. Box Number is Not Acceptable)
3
4 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ave-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 authorizeby 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 Stees.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registeragent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☑ Change ☐ Addition
TITLE	D ☐ DELETE	1.1 TE
NAME	URQUHART, FRANK PATRICK	1.2 NE
STREET ADDRESS	710 EXECUTIVE CENTER DR., UNIT 6-22	1.3 STET ADDRESS: 235 PONCE DELEON ST.
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CI- ST-ZIP: ROYAL PALM BEACH, FLORIDA 33411
TITLE	☐ DELETE	2.1 TI ☐ Change ☐ Addition
NAME		2.2 NA
STREET ADDRESS		2.3 ST ET ADDRESS
CITY-ST-ZIP		2.4 C -ST-ZIP
TITLE	☐ DELETE	3.1 TI ☐ Change ☐ Addition
NAME		3.2 NA
STREET ADDRESS		3.3 ST T ADDRESS
CITY-ST-ZIP		3.4 C ST-ZIP
TITLE	☐ DELETE	4.1 TI ☐ Change ☐ Addition
NAME		4.2 NA E
STREET ADDRESS		4.3 ST T ADDRESS
CITY-ST-ZIP		4.4 C ST-ZIP
TITLE	☐ DELETE	5.1 TI ☐ Change ☐ Addition
NAME		5.2 NA
STREET ADDRESS		5.3 ST T ADDRESS
CITY-ST-ZIP		5.4 CI ST-ZIP
TITLE	☐ DELETE	6.1 TI ☐ Change ☐ Addition
NAME		6.2 NA E
STREET ADDRESS		6.3 ST T ADDRESS
CITY-ST-ZIP		6.4 CI ST-ZIP

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the e xemption 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 a curate 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 e ecute 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: [redacted] 4/22/97 (561)738-0113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0294997