## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M00117

(5)

BRUNO & BRUNO, INC.

## **FILED** Jan 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
8545 SW 68TH ST. RD. 8545 SW 68TH ST. RD.						
MIAMI FL 33143 MIAMI FL 33143						
					DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified		
2 Principal F	Place of Business	2. Mailing Addrson	<del></del>	05/03/1984		
21 8/9 STRAWBRIDGE		26. Mailing Address 26. SAME AS	2	4. FEI Number	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	بستسي	59-2441880	Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State 72 ORTOR		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 MEL	BOURNE BREPARD	28		Trust Fund Contribution	Added to Fees	
Zip	Country	7 p	Country	8. This corporation owes or has paid the c	urrent year Intangible	
24 3290	01 25 BREIARD	29 3	0	Personal Property Tax due June 30.	Yes No	
0.5	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Registere	d Agent	
Dhorto, hoshile				UNO GOSPITE		
8545 SW 68TH ST. RD. 82 Str				iress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33143 /05 2				ACOSTA ST C-5		
			84 City	Ornaria Producti	85 Zip Code	
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the above-named con	BOURNE BEACH F	L 3295/	
office or I	registered agent, or both, in the State o	Florida Such change was aut	horized by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as registered	
	am familiar with, and accept the obligat		aa Statutes.	1/	<b>1</b>	
SIGNATURE	Signalure, typed or printed name of registanted agent	and life if applicable (NOTE R	logislered Agent signature requi	ired when reinstating) UATE	<u> </u>	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 THLE		Change Addition	
NAME	BRUNO, ROSALIE		1.2 NAME			
STREET ADDRESS	8545 SW 68TH STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	2 4 City-St-ZiP		Chance   Addition	
TITLE		L.J OELETE	3 1 TITLE		☐ Change ☐ Addition	
NAME Street address			3.2 NAME			
			3.3 STHEET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	3 4. CITY - S1 - ZIP 4.1 TITLE		Change Addition	
NAME			4. 2 NAME		— average — totalibit	
STREET ADDRESS		•	4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 City - St - ZiP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		İ	
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELLTE	6.1 TITLE		Change Addition	
NAME			6.2 NAME	3000024112 -01/26/98010180	50 JOL	
STREET ADDRESS			6.3 STREET ADDRESS			
CiTY-SI-ZIP			6.4 CHY-ST-ZIP	***158,75		
44 Lhorobye	and the think the information of making the	this file a decompose with feet	L	Cooling \$10.07/2VI) Florida Contidas 16 mbas a		

indicated on this annual report or 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.