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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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SIGNATURE:

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DOCUMENT #

1. Corporation Name BRAIN POWER AMERICA, INC.

		National Address						
Principal Place of Business Mailing Address 4270 S.W. 74 AVENIE								
4470 S.W. 74 / MIAMI FL 3315		4470 S.W. 74 AVENUE MIAMI FL 33155						
MIMMI FL 3313	, , , , , , , , , , , , , , , , , , ,				3. Date Incorporated or Qu	alified 3a.	Date of Last F	eport
					12/27/1984		05/19/19	
2. Principal Place	e of Business	2a. Mailing Address			4. FEI Number		l	Applied For
ā)		26			59-2475774		-—- -	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desi	ired 🔲		Additional Required
2	*****	City & State			6. Election Campaign Finar	ncina		May Be
City & State		28			Trust Fund Contribution			d to Fees
Ζ (ρ	Country	Zip	Country		8. This corporation has liab			199.032,
 24]	25	29	30		T TOTAL OLDSTONE	Yes N		
	9. Name and Address of Current	nt Registered Agent		N	10. Name and Address of	New Hegiste	reo Agent	
				Name				
	im, Herbert		82	Street Addr	ress (P.O. Box Number is Not A	cceptable)		
	V. 74 AVENUE		83					
MIAMI FL	. 33155			····			12-1 -	So Code
			84	City			FL 85 2	ip Code
44 Duraupplita	the provisions of Sections 607.050	2 and 607.1508. Florida Statute	es, the above-na	anned corpor	ration submits this statement for	the purpose of	of changing its	registered office
or registeres	the provisions of Sections 607.050 d agent, or both, in the State of Flor , and accept the obligations of, Sec	ida. Such change was authorz	BOLDY THE COIDS	ration's boar	ird of directors. I hereby accept	the appointme	nt as registere	d agent. ram
	, and accept the boligations of Sec	Tolor, Cooc, Tibrica Statutes	•					
CICKIATURE			76. D. C.				ATE.	
SIGNATURE	lignature, typed or printed name of registered ager	nt and title in applicable (NO	it E. Rogisterea Agent	signature require	ed when reinstaling!			
S	lignature typical or printed name of registers o age OFFICERS AN	ND DIRECTORS	13.	signature require	ADDITIONS/CHANGES			
SIGNATURES 12. TITLE	OFFICERS AN		13. 1. 1 3 FLE	signature require	at where reinstalling) ADDITIONS/CHANGES		AND DIRECT	
12.	OFFICERS AF DP WERTHEIM, HERBERT A.	ND DIRECTORS	13. 1. 1 TITLE 1 2 NAME		at when reinstating? ADDITIONS/CHANGES			
12.	OFFICERS AF DP WERTHEIM, HERBERT A. 4470 S.W. 74 AVENUE	ND DIRECTORS	13. 1.1 TIFLE 12 NAME 1.3 STREET	ADORESS	at when reinstatings ADDITIONS/CHANGES			
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NAME OF SIGNING OFFICER OF DIRECTOR