

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M41641** (5)

1. Corporation Name

**BRAUR INTERNATIONAL ENTERPRISES, INC.**



Principal Place of Business

Mailing Address

**C/O NELSON GARCIA**  
**204 SW 105TH PLACE**  
**MIAMI FL 33175**  
**2973 N.W. 99 AVE**  
**MIAMI, FL 33172-1052**

**C/O NELSON GARCIA**  
**204 SW 105TH PLACE**  
**MIAMI FL 33175**  
**P.O. BOX 522412**  
**MIAMI FL 33152-2412**

3. Date Incorporated or Qualified  
**11/14/1986**

3a. Date of Last Report  
**02/24/1995**

2. Principal Place of Business

2a. Mailing Address

21 **2973 N.W. 99 AVE**

26 **P.O. BOX 522412**

4. FEI Number

**59-2739010**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **MIAMI, FL.**

28 **MIAMI, FL.**

24 **33172-1052** 25 **U.S.A.**

29 **33152-2412** 30 **U.S.A.**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARCIA, NELSON**  
**~~204 SW 105TH PLACE~~ 2973 N.W. 99 AVE**  
**MIAMI FL 33175 MIAMI, FL 33172-1052**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

TITLE ☐ DELETE

NAME **PD**  
**GARCIA, NELSON**  
STREET ADDRESS **204 SW 105TH PLACE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **VTS**  
**GARCIA, LEDA M.**  
STREET ADDRESS **204 SW 105TH PLACE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D**  
**GARCIA, LEDA M.**  
STREET ADDRESS **204 SW 105TH PLACE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Nelson Garcia - NELSON GARCIA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/24/96 (305) 470 0052**

Date

Daytime Phone #

CR2E034 (12/95)