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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # M41641

(5)

BRAUR INTERNATIONAL ENTERPRISES, INC. Principa: Place of Business Mailing Address C/O NELSON GARCIA C/O NELSON GARCIA OF SW 105TH PLACE MIAMI PL 33178 A A A M.S. MAILING Address C/O NELSON GARCIA 201 SW 105TH PLACE MIAMI PL 33178					
2973 MANI	W.W. 99 AVE # 33.172.1052	P 0. 23 0 X 4	5 2 24/2 =c. 33/52^24/	3. Date Incorporated or Qualified 11/14/1986	3a. Date of Last Report 02/24/1995
. Principal Pla	/FC.33/72-/052 ice of Busingss	2a. Mailing Address		4. FEI Number	Applied For
2973	N.W. 99 AVE		122412	59-2739010	Not Applicable
Suite, Apt #	F, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	and the same of th	City & State 28 M/AMI	FL.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country -1052 25 U.S.A.	Zip 29 3 3/52 - 2 4/2	30 Country S.A.	8. This corporation has liability for Florida Statutes	intangible tax under s 199,032, ☐ No
	Name and Address of Curren	t Registered Agent		10. Name and Address of New R	legistered Agent
			81 Name		
	, NELSON	W AGAUE	82 Street Addre	ss (P.O. Box Number is Not Acceptab	ole)
	105TH PLACE 2973 N	W. 99 AVE	83		
MIAMI F	LOOTH MIAMI	, FC. 33/72-10	,3 2 00		
			84 City		FL 85 Zip Code
familiar wit iGNATURE .	h, and accept the obligations of, Secti	on 607.0505, Florida Statutes.	s sy the sorperaner, a board	d of directors. I hereby accept the app	omanom do rogistoroo agont. Turr
	Sturiarure, typed or printed name of registered agent	and tille if applicable (NOTI	E. Registered Agent signature required	when reinstating	DATE
2.	OF HICERS AND	DIRECTORS	13.	when reinstating! ADOITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
2. LF	OFFICERS AND		13. 1.1 TITLE		
2. !LE NM:	OFFICERS AND PD GARCIA, NELSON	DIRECTORS	13. 1.1 TITLE 1.2 NAME		ICERS AND DIRECTORS IN 12
2. LE ME REFFADDRESS	OFFICERS AND PD GARCIA, NELSON 204 SW 105TH PLACE	DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS		ICERS AND DIRECTORS IN 12
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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:

Neston Spice - NELSON GAROLD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96 (305)4700052