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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M51196

(7)

BRENGLE PROPERTIES CORP.

Principal Place of Business 1320 S. DIXIE HWY. STE. 940 CORAL GABLES FL 33146		1320 S. DIXIE STE. 940 CORAL GABU	CORAL GABLES FL 33146-2930					
US		US				3. Date Incorporated or Qualified 04/29/1987	3a. Date of Last R 05/01/1996	eport
2. Principal F	Place of Business	2a. Mailing A	~			4. FEI Number 59-2799925	Applied For Not Applicable	
Suite, Apt	#, etc.	Suite, Apt				5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & Stat 23	le	City & Sta				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Z(p)	Country 25	Zip 29	29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes ☐ No		
t 165	9, Name and Address of Cur	rent Registered Age	nt .	81	1 11	10. Name and Address of New Reg	listered Agent	
	rskowitz, Bernard 10 S.Dixie Hwy.,Ste.940			81	Name			
	RAL GABLES FL 33146		82		Street Add	ress (P.O. Box Number is Not Acceptable)		
OOI	INL UNDELOTE DUTTO					***************************************		
				84	84 City FL 85 Zip Code			Code
office or i agent. La SIGNATURE	registered agent, or both, in the St am familiar with, and accept the ob- Signature, typed or print diname of regiscres					poration submits this statement for the protion's board of directors. I hereby acceptions when reinstating)	t the appointment as	registered
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 12
MLE	D		DELETE	1.1 TITLE			☐ Change	Addition
NAME	HERSKOWITZ, BERNARD			1.2 NAME				
STREET ADURESS	1320 S. DIXIE HWY. #940			1.3 STREET	ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			1.4 CITY-5	ST - 21P			
1111.8	D Herskowitz, Jerome		DELETE	2.1 TITLE			☐ Change	Addition
NAME	1320 S. DIXIE HWY. #940			2.2 NAME				
STREET ADDRESS	CORAL GABLES FL			23 STREET				
CH t - S1 - ZIP	COINE CADLES I E		DELETE	2 4 CITY-	ST-ZIP		Пон	1 1 1 1 1 1 1
TOTLE		L _	Dereie	3.1 TITLE			Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET				
City - ST - ZiP Title			DELETE	3.4. CITY - 4.1 TITLE	SI-ZIP		Change	☐ Addition
NAME		L	DECEME	4. + TITLE 4. 2 NAME			change	LI MUUNUUN
STREET ADDRESS				4. 2 NAME 4.3 STREET	ADDRECE			
City - St - ZiP								
TITLE			DELETE	4.4 CITY-5 5.1 TITLE	91-4P		☐ Change	Addition
NAME				5.2 NAME		• :	FT Availage	ROUNDII
STREET ADDRESS				5.3 STREET	ADDRESS	•		
	1			D.O OTHER	(PPINLOU			

6.4 CITY-St-ZiP

14. If do hereby certify that the information supplied with this filling 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 feediver or true ee empower of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 13 if changed, or the feediver or true feedivers.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

C-TY-ST-ZIP

STREET ADDRESS

THEE

NAM:

MATURE AND TYPED OF PRINTER NAME OF SIGNING OFFICER OF DIRECTOR

DELETE

FEB 25,1997

Daytime Phone #

Change Addition

FILED

Mar 06 1997 8:00am

Secretary of State