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

1. Corporation Name

(2)

Jan 21 1998 8:00am
Secretary of State

EII ED

BRUCINE INVESTMENTS, INC.					
Principal Place of Business	AN JAY WEISBERG W 165TH ST. PLAZA 700 FL 33169 US Cipal Place of Business 28. Mailing Address 29. Mailing		I INFIERIT LIE INIÈE NITO INIII BINDO ILLI BERLI :	DIGIT BIBIT DIBIT BIŞEL BIQIF IDDI	
% Alan jay weisberg 290 NW 165th St. Plaza 700 Miami Fl 33169	290 NW 165 ST. PLAZA 700 MIAMI FL 33169		DO NOT WRITE IN TH	IIS SPACE	
US			3. Date Incorporated or Qualified 08/24/1988		
2. Principal Place of Business	2a. Mailing Address			4. FEt Number	Applied For
21				65-0144868	Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Zip 3	Count	У	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible X Yes No
9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Register	ed Agent
HALPRYN ERNEST M		В	Name		
1428 B RICKELL AVE, STE 105 MIAMI FL 33131		8:	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
		8:			
		84	City	F	B5 Zip Code
 Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stati agent. I am familiar with, and accept the oblig 	e of Florida. Such change was au	rthorized t	v the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	e of changing its registered appointment as registered

SIGNATURE						
	Signature, typed or printed name of registered agent and title if applic	able (NOTE	: Registered Agent signature requir	•	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	IS IN 12
TITLE	PSD	DELETE	1.1 TITLE		☐ Change	Additio
NAME	Weisberg, Alan Jay		1.2 NAME			
STREET ADDRESS	290 NW 165TH ST, PLAZA 700		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-SY-ZIP			
TITLÉ	VPD	DELETE	21 TOTLE		Change	Additio
NAME	DEVECCHI, JOHN		2.2 NAME			
STREET ADDRESS	1428 BRICKELL AVE, STE 105		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP			
TITLE	D	DELETE	3.1 TITLE		☐ Change	Additio
NAME	LABIANCA, PHILIP		3.2 NAME			
STREET ADDRESS	1428 BRICKELL AVE, STE 105		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP			
TITLE	T	DELETE	4.1 YITLE		Change	Additio
NAME	BRAUSE, STEVEN G		4. 2 NAME			
STREET ADDRESS	290 NW 165 ST, PLAZA 7;00		4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TALE		DELETE	6.1 TITLE		Change	☐ Addilio
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
CITY OT 710			CACITY OT 7/D			

14. I hereby certify that the information 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 of 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 a caddress.

SIGNATURE: