

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

FILED

May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000011018 (8)**

1. Corporation Name  
**BRAS, INC.**



Principal Place of Business <b>601 BRICKELL KEY DRIVE SUITE 511 MIAMI FL 33131 US</b>	Mailing Address <b>601 BRICKELL KEY DRIVE SUITE 511 MIAMI FL 33131-2650 US</b>
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3. Date Incorporated or Qualified <b>12/08/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 <b>501 BRICKELL KEY DRIVE</b> Suite, Apt. #, etc. <b>SUITE 405</b> City & State <b>MIAMI FL</b> Zip <b>33131</b> Country <b>USA</b>	2a. Mailing Address 27 <b>501 BRICKELL KEY DR</b> Suite, Apt. #, etc. <b>SUITE 405</b> City & State <b>MIAMI FL 33131</b> Zip <b>33131</b> Country <b>USA</b>
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4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**MARTINEZ CHRISTENSEN, CARLOS**  
**501 BRICKELL KEY DR**  
**STE 405**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PVD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTINEZ CHRISTENSEN, CARLOS</b>	1.2 NAME	
STREET ADDRESS	<b>501 BRICKELL KEY DR #405</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTINEZ CHRISTENSEN, FEDERICO</b>	2.2 NAME	
STREET ADDRESS	<b>501 BRICKELL KEY DR #405</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTINEZ, NICOLAS</b>	3.2 NAME	
STREET ADDRESS	<b>501 BRICKELL KEY DR #405</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 in an attachment with an address.

SIGNATURE: **CARLOS MARTINEZ-CHRISTENSEN** 4/25/97 (305) 372-5069  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)