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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300008059 (6)

BREILHAUS, INC.

Principal Place of Business

Mailing Address

FILED Feb 03 1998 8:00am Secretary of State



9445 NW 52 DORAL LN 9445 NW 52 DORAL LN MIAMI FL 33178 MIAMI FL 33178 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0650611 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BREIL, GIORA 9445 NW 52 DORAL LN 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33178** 83 R4 City 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 little if applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DPS DELETE Change Addition TITLE 1.1 TITLE NAME Breil, Giora 1.2 NAME 9445 NW 52 DORAL LN STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33178 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ___ Addition TITLE 2.1 TITLE BREIL, ANA LUCIA 2.2 NAME 9445 NW 52 DORAL LN STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33178 CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETÉ Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITL F 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-7IP □ DELETE Addition TITI F 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

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 roceiver 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.