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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

·Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000022050 (7)

B.R.C. FLORIDA, INC.

Principal Place of Business

Mailing Address

## FILED May 06 1997 8:00am Secretary of State



BSO OCEAN DRIVE MIAMI BEACH FL 33139		% RICHARD A. WOOD, ESO. 1111 LINCOLN ROAD. SUITE 500 MIAMI BEACH FL 33139-2491		3. Date Incorporated or Qualified	3a. Date of Last F	Report
				03/22/1993	05/14/1996	
2. Principal Place of Business		26 200 South Biscayne Blud.		4. FEI Number 65-0420764	·	pplied For lot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	nte	City & State  28 Miami	F1,	Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zip 24	Country 25	- re-reduced and a second a second and a second a second and a second a second and a second and a second and	Country 30 U.S.A.		Yes 🛣 No	s. 199.032,
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Reg	istered Agent	
TH6	OOD, RICHARD A ESQ. ERREL BAISDEN & MEYER WEIS: 11 LINCOLN ROAD, SUITE 500 AMI BEACH FL 33139	S	82 Street Add	HARD A. WOOD Seguress (P.O. Box Number is Not Acceptable THE MACK  5. BISCAYNE Blind A	20 15 Flack	Code
11, Pursuant office or agent. I		2 and 607.1505, Florida Statutes of Florida, Such change way au ations of, Station 607.0505, Flori	s, the above-named co thorized by the corpor- ida Statutes.	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of changing it the appointment as	its registered s registered
Oldrectorie	Signature, typed or printed name of registered ago		Hagistered Agent signature req	uited where reinstaling)	DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	PTD BRUNETTA, CLAUDIO	☐ DELETE	1.1 TALE	•	Change	Addition
NAME	850 OCEAN DRIVE		1.2 NAME			
STREET ADDRESS	MIAMI BEACH FL 33139		1.3 STREET ADDRESS			
CITY-ST-ZIP	THE WAY DEFICIT TE GO TOO	DELETE	1.4 CHTY-ST-ZIP 2.1 TITLE		Change	Addition
NAME			2.2 NAME		Orlange	[_] Roulion
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-\$1-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAMŁ			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4, CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE	1	☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		T Aries	5.4 CITY-ST-ZIP			<del></del>
TITLE		☐ DELETE	61 TITLE		Change	L_I Addition
NAME			62 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>		64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with the 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 supply negral 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 of the ecceiver or mistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changes or must be address.

CIONATURE.

1/40/0