

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
~~1995~~ 1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90018 050 ***558.75

DOCUMENT # P93000038990

1. Corporation Name

BRUSSELS MOTEL, INC.

Principal Place of Business

Mailing Address

100 S.E. 2nd Street, 17th Floor
Miami, Florida 33131-1101

SAME

3. Date Incorporated or Qualified

6/1/93

3a. Date of Last Report

3/20/98

2. Principal Place of Business

2a. Mailing Address

21 12525 Palm Road

26 12525 Palm Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 North Miami, FL

28 North Miami, FL

Zip 33181

Country USA

Zip 33181

Country USA

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

John H. Friedhoff
100 S.E. 2nd Street
17th Floor
Miami, Florida 33131-1101

81 Name

Maria Ines Perugini

82

Street Address (P.O. Box Number is Not Acceptable)

12525 Palm Road

83

84

City North Miami

FL

85 Zip Code 33181

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Francisco Clodomir
NAME Rocha Girao
STREET ADDRESS P/T/D
CITY-ST-ZIP 12525 Palm Road, N. Miami, FL 33181

TITLE Erbene Maria Girao
NAME VP/D
STREET ADDRESS 12525 Palm Road, N. Miami, FL 33181
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Esther R. Walker
SECRETARY
12525 Palm Road, N. Miami, FL 33181

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francisco Clodomir Rocha Girao

Date

(305)895-0064

Daytime Phone #

CR2E034 (3/96)