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 ~~1996~~ 1999

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

FILED
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DOCUMENT # P93000038990

1. Corporation Name

BRUSSELS MOTEL, INC.

Principal Place of Business: 100 S.E. 2nd Street, 17th Floor, Miami, Florida 33131-1101
Mailing Address: SAME

3. Date Incorporated or Qualified: 6/1/93
3a. Date of Last Report: 3/20/98
4. FEI Number: 65-0413980 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21 12525 Palm Road	26 12525 Palm Road
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State: North Miami, Fl	28 City & State: North Miami, Fl
24 Zip: 33181 — 25 Country: USA	29 Zip: 33181 — 30 Country: USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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], Maria Ines Perugini 7/16/99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE / NAME	Francisco Clodomir Rocha Girao	[ ] DELETE
STREET ADDRESS	P/T/D	
CITY-ST-ZIP	12525 Palm Road, N. Miami, Fl 33181	
TITLE / NAME	Erbene Maria Girao	[ ] DELETE
STREET ADDRESS	VP/D	
CITY-ST-ZIP	12525 Palm Road, N. Miami, Fl 33181	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1		[ ] Change [ ] Addition
2	Esther R. Walker, SECRETARY, 12525 Palm Road, N. Miami, Fl 33181	[ ] Change [X] Addition
3		[ ] Change [ ] Addition
4		[ ] Change [ ] Addition
5		[ ] Change [ ] Addition
6		[ ] Change [ ] Addition

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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 report or supplemental 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 on an attachment with an address, with all other like empowered.

SIGNATURE: F. C. Rocha Girao (305)895-0064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Francisco Clodomir Rocha Girao