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

P93000040404 (4) DOCUMENT

BRS ASSOCIATES, INC.

PAWLUC, SONIA M 819 S FEDERAL HWY

STUART FL 34994

SUITE 106

| Principal Place | of Business | Mailing Addres | \$ | | |
|--|-------------|---|---------------|---|---------------------------------------|
| 9033 WINDING V LAKE WORTH FI US | | 9033 WINDING WOODS DR LAKE WORTH FL 33467-2316 US | | | |
| | | | | 3. Date Incorporated or Qualified 06/03/1993 | 3a. Date of Last Report 02/06/1996 |
| 2. Principal Place of Business | | 26. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0413298 | Not Applical |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | · Zip | Country 30 | This corporation has liability for Florida Statutes | intangible tax under s. 199.032, |
| Name and Address of Current Registered Agent | | | | 10. Name and Address of New Re | egistered Agent |
| DAIAN | LIC CONIA M | | 61 Name | | |

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.

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84

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

SIGNATURE ind title II applicable on reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. Change PTS Addition TITLE DELETE 1.1 TITLE SHAH, BANKIM NAMÉ 1.2 NAME 9033 WINDING WOODS DR 1.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 1.4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE Change TITLE 2.1 TITLE SHAH, FILIZ B. NAME 2.2 NAME 9033 WINDING WOODS DR 2.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TOLF NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY+ST-ZIP CITY-S1-7IP DELETE Change Addition 4.1 TITLE TifLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-SI-7/P DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 on an attachment with an address.

SIGNATURE:

FILED

Feb 18 1997 8:00am

Secretary of State

Applied For Not Applicable

Zip Code