PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1990	Contract of the Contract of th	
DOCUMENT #	P93000041068 (6)	
BRUMBERG HOLD	NGS, INC.	
Principal Place of Business	Mailing Address	



599 S FEDERA DANIA FL 330		113 North Federa Dania Fl 33004 US	L HWY			3. Date Incorporated or Qualified 06/10/1993 4. FEI Number	3a. Date o	5/01/199		
. Principal Place	of Business	2a. Mailing Address				65-0422111		L	ot Applicable	
Suite, Apt. #, etc. City & State		26 Suite, Apt. #, etc. 27 City & State			5. Certificate of Status Desired		\$8.75	Additional equired		
					Election Campaign Financing     Trust Fund Contribution			May Be to Fees		
]	Country	28     Zip   29	Zip Country			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes X Yes No				
<u> </u>	9. Name and Address of Curren		£0			10. Name and Address of New Registered Agent				
	g. Maine and Addition of delice.			81	Name					
C/O FAST-TAX			ļ	82	Street Add	ress (P.O. Box Number is Not Acceptable)				
	RTH FEDEAL HWY		ļ	83						
DIANIA FL 33004				84	City	oration submits this statement for the pu and of directors. I hereby accept the app	FL	1 1	Code	
DIONATUIDE:	d agent, or both, in the State of Florit, , and accept the obligations of, Sect ignature, typed or printed harvie of registored agent	and title if applicable. 0		d Agrin	nt signature requir	red when reinstaing) ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	RS IN 12	
12.	OFFICERS AN	DELETE	1.11	TITLE				Change	noitibbA 🔲	
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4. 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(s)(K). Florida Statutes 4. I do hereby certify that the information indicated on this control or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made undo certify that the information indicated on this control or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made undo certify that I am an officer or direction 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 or the place 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 or the place of the corporation of the corpora

SIGNATURE

TORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (954) 929-5162 Degame Proce #