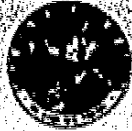


**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000052209 (2)

1. Corporation Name
BRITO & BRITO COMPANY INC.

Principal Place of Business: **407 LINCOLN ROAD SUITE 5B MIAMI BEACH FL 33139**
Mailing Address: **407 LINCOLN ROAD SUITE 5B MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **07/27/1993**
3a. Date of Last Report: **09/26/1994**

4. FEI Number: **65-0442874**
Applied For: Not Applicable

5. Certificate of Status Closed: **\$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 § 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

Suite Apt # of: **22** Suite Apt # of: **27**

City & State: **23** City & State: **28**

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRITO, LUIS G
407 LINCOLN ROAD
SUITE 5B
MIAMI BEACH FL 33139**

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0402 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0405, Florida Statutes.

SIGNATURE: *[Signature]* 4/30/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP	DPS BRITO, EUGENIO S 201 JEFFERSON AVE., #2A MIAMI BEACH FL 33139
12.2 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
12.3 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
12.4 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
12.5 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
12.6 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
12.7 TITLE NAME STREET ADDRESS CITY, ST, ZIP	

13.1 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3 9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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(2)(b), Florida Statutes. I further certify that the information indicated on the 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. I am an officer or director of the corporation or the officer or trustee responsible to submit this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95