

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000054699 (2)**

1. Corporation Name

BRENS ASSOCIATION CORP.



Principal Place of Business

Mailing Address

~~12710 SW 112TH ST~~
~~MIAMI FL 33186~~

~~12710 SW 112TH ST~~
~~MIAMI FL 33186~~

3. Date Incorporated or Qualified **08/04/1993** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **13780 SW. 76 STREET**

26 **13780 SW 76 STREET**

4. FEI Number **65-0428913** Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **STE. #102**

27 **STE. #102**

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State

City & State

23 **MIAMI FL**

28 **MIAMI FL**

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 **33175**

25 **DADE**

29 **33175**

30 **DADE**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRENS, ANGEL P
12710 SW 112TH ST
MIAMI FL 33186

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 607.0502 and 607.1503, 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 the corporation

NOTE: Registered Agent Signature is required when changing agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	BRENS, ANGEL P	
STREET ADDRESS	12710 SW 112TH ST	
CITY-STATE-ZIP	MIAMI FL 33186	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	BRENS, M JACQUELINE	
STREET ADDRESS	12710 SW 112TH ST	
CITY-STATE-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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

3/18/96 (305) 388-9577
Date Daytime Phone #

CR2E034 (12/95)