## 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

DOCUMENT # P93000064305 (4)

BRITANNIA HOLDINGS CORP.

Principal Place of Business	Mailing Address	
250 BIRD RD #206 MIAMI FL 33146-1424	250 BIRD RD., #206 MIAMI FL 33148-1424	
2. Principal Place of Business	2a. Mailing Address	

## **FILED** Mar 17 1997 8:00am Secretary of State



3a. Date of Last Report

09/06/1996

3. Date Incorporated or Qualified

09/10/1993

2. Principal Pl	Principal Place of Business		2a. Mailing	2a. Mailing Address					4. FEI Number	Applied For		
21			26	26					65-05 194 12	No	ot Applicable	
Suite, Apt.	Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.				$\neg$	5. Certificate of Status Desired	\$8.75	Additional	
22		27	27				_	5. Cermicate of Status Desired	Fee Re	equired		
City & State			City &	City & State				- [	6. Election Campaign Financing	\$5.00	May Be	
23			28						Trust Fund Contribution L	Added	to Fees	
Zip		Country	Žip		Coun	itry			8. This corporation has liability for intangible t		. 199.032,	
24		25	29		30		Florida Statutes Yes No					
9, Name and Address of Current Registered Agent						B1	Name	10. Name and Address of New Registered Agent				
UIAZTADAON, OANEOS						۱'°	Name				1	
250 BIRD RD., #206				[8	82	Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33146-1424												
				١	83					J		
				[	84	City			<b>85</b> Zip (	Code		
									FL			
11. Pursuant t	to the provisi	ions of Sections 607.05	02 and 607.1508	Florida Statute	es, the about	ove	-named co	rpori	ration submits this statement for the purpose of colors beard of directors. I become account the appear	changing it	s 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											registered	
SIGNATURE				1	حئ				when reinstating) DATE	97		
STORT STILL	Signature types	of printed name of registered ag		ik (NOTE	. Hegistered	Ager	nt signature req	aired :				
12.	RR.	OFFICERS AN	ID DIRECTORS		13.				ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PD	NOU 010100		DELETE	1.1 TITL	.E			l	i Change	Addition	
NAME		ORON, CARLOS			1.2 NAM	νĘ	Ì				1	
STREET ADDRESS				1.3 STR	1.3 STREET ADDRESS					1		
CITY-SI-ZIP	CORAL C	ABLES FL 33146			14 CITY	Y-ST	r-7IP					
TITLE				DELETE	2.1 TITL	.F				Change	Addition	
NAME					2.2 NAM	ИĘ						
STREET ADDRESS					2.3 S1R	EET /	ADORESS				1	
CITY-ST-ZIP					2 4 CiT	Y-\$	1 · ZIF				- 1	
TITLE				DELETE	3 1 THE	.F				Change	Addition	
NAME					3.2 NAM	νlέ					ļ	
STREET ADDRESS					3.3 STRI	EET A	ADDRESS					
CITY-ST-ZIP					3.4. CIT							
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NAME					4, 2 NAI					,		
STREET ADDRESS					J	_	ADDRESS				ł	
CITY-ST-ZIP					4.4 0111							
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NAME					5.2 NAM		ĺ		•			
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					5.4 CITY		ſ				{	
TITLE				DELETE	6.1 TITL		1-211			Change	Addition	
NAME				Broad Street Street	6.2 NAM		1		•	O,.ungo		
STREET ADDRESS					1		ADDRESS					
CITY-ST-ZIP					6.4 CITY							
	ov certify tha	t the information supplie	ed with this filing	does not qualif				ed in	n Section 119 07(3)(i). Florida Statutes, Lifurther	certify that	the	
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 chapped so on an attachment with an address.												