

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

3-2-95 B-1121-C
CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # P93000070123 (3)

1. Corporation Name

BUSINESS REPRESENTATION INTERNATIONAL, INC.

APPROVED
AND
FILED

95 MAR -2 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1222 CORTEZ ST
CORAL GABLES FL 33134
US

Mailing Address

1222 CORTEZ ST
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 800 BRICKELL AVENUE	26	10/08/1993	01/25/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0459790	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 MIAMI, FLORIDA	28	☐	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	☐
24 33131	25 U.S.A.	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

LORENZO, JOSE C
1222 CORTEZ ST
CORAL GABLES FL 33134

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

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.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	SITID
NAME	LORENZO, JOSE C	1.2 NAME	LORENZO, JOSE C.
STREET ADDRESS	1222 CORTEZ ST	1.3 STREET ADDRESS	1222 CORTEZ STREET
CITY - ST - ZIP	CORAL GABLES FL	1.4 CITY - ST - ZIP	CORAL GABLES, FLORIDA 33134
TITLE	D	2.1 TITLE	PID
NAME	LORENZO, RICHARD	2.2 NAME	LORENZO, ESTHER
STREET ADDRESS	1222 CORTEZ ST	2.3 STREET ADDRESS	1222 CORTEZ STREET
CITY - ST - ZIP	CORAL GABLES FL	2.4 CITY - ST - ZIP	CORAL GABLES, FLORIDA 33134
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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 AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

JOSE C. LORENZO

(PRESIDENT)

2/23/95