

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000040698 (0)**

1. Corporation Name

B.R. ACCOUNTING SERVICE CORP.



Principal Place of Business

**704 S.W. 17 AVE., SUITE 3
MIAMI FL 33135**

Mailing Address

**704 S.W. 17 AVE., SUITE 3
MIAMI FL 33135**

3. Date Incorporated or Qualified

05/31/1994

3a. Date of Last Report

04/20/1995

4. FEI Number

59-1768798

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$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 s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

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Zip

Country

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROMERO, MARIO I
704 S.W. 17 AVE., SUITE 3
MIAMI FL 33135**

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 607.1508, 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 the corporation

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PT

☐ DELETE

NAME

ROMERO, MARIO I

STREET ADDRESS

2301 S.W. 17 AVE., SUITE 3

CITY-ST-ZIP

MIAMI FL 33135

TITLE

S

☐ DELETE

NAME

GOMEZ, YENNIL

STREET ADDRESS

7950 S.W. 18 TERR.

CITY-ST-ZIP

MIAMI FL 33155

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 SIGNING OFFICER OR DIRECTOR

4/8/96

643-3844

Date

Daytime Phone #

CR2E034 (12/95)