FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000040698**1. Corporation Name

B.R. ACCOUNTING SERVICE CORP.

Principal Place of Business .	Mailing Address
4 S.W. 17 AVE., SUITE 3	704 S.W. 17 AVE., SUITE 3
AMI FL 33135	MIAMI FL 33135

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90079 014 ***150.00



Principal Plac	e of Business .	Mailing Address				I 1984/16801 SIM INDIA NIBIT NEITH MOTTE MOTTE NOTE IN	11811 ABILA BILIA II	7101 30H 1001
704 S.W. 17 AVE SUITE 3 704 S.W. 17 AVE MIAMI FL 33135 MIAMI FL 33135								
WININI IL GOTO						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
10.	·					05/31/1994		P. 4 F
2. Principal P	Place of Business	2a. Mailing Addre	SS			4. FEI Number		Applicable
21		26 Suite, Apt. #, 6				59-1768798	\$8.75 A	
Suite, Apt.	#, etc.	— —	eic.			5. Certifcate of Status Desired	Fee Rec	
22 City & Stat		27 City & State				- 6- Election Compaign Financing	\$5:00 i	May Bo
23		28				Trust Fund Contribution	Added to	,
	Zip Country Zip		Country			8. This corporation owes the current year Int	angible	
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curr	rent Registered Agent		T.		10. Name and Address of New Registered	Agent	
		_		81	Name			
	MERO, MARIO I	· ·		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	S.W. 17 AVE., SUITE 3							
4 MIA	MI FL 33135			83				}
,	•			84	City	FL	85 Zip C	ode
	607.0	2500 CO7 4500 Florid	a Statuton the	o above	-named corno	pration submits this statement for the purpose of	changing its r	registered
office or i	registered agent, or both, in the Sta	ate of Florida. Such chang	ie was authoria	zed by '	the corporation	n's board of directors. I hereby accept the appoi	ntment as reg	istered
agent. I a	am familiar with, and accept the obli	igations of, Section 607.09	505, Florida S	Statutes.	•			
SIGNATURE	Signature, typed or printed name of registered a	event and title if englicable	(NOTE: Registe	ered Apen	t signature required	when reinstating) DATE		
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12
TITLE -	PT	☐ DE	LETE 1.	.1 TITLE			☐ Change	☐ Addition
NAME	ROMERO, MARIO I		1.3	2 NAME	ĺ			.
STREET ADDRESS	2301 S.W. 17 AVE., SUITE 3	}	1.3	.3 STREET	ADDRESS			
City-ST-ZiP	MIAMI FL 33135							
TITLE	S		1/	.4 CITY-S1	Γ-ZIP			
NAME	GOMEZ, YENNIL	☐ DE		.4 CITY-ST .1 TITLE	T-ZIP		☐ Change	Addition
STREET ADDRESS	OOMCE, ICHNIC	□ DE	LETE 2.		T-ZIP		Change	Addition
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6.4 CITY-ST-ZIP 14. Thereby 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 changed, or on the attachment with an address, with all other like empowered.

SIGNATURE: