

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

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95 MAY - 1 PM 4: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/02/95--01027--021
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P94000082802 (7)

1. Corporation Name
BRYNATAL, INC.

Principal Place of Business Mailing Address

9325 S.W. 21ST TERRACE MIAMI FL 33165 **9325 S.W. 21ST TERRACE MIAMI FL 33165**

2. Principal Place of Business 2a. Mailing Address

21 **1036 S.W. 1 ST.** 26 *[Handwritten: 1036 S.W. 1 ST.]*

22 Suite, Apt #, etc 27 Suite, Apt #, etc

23 **MIAMI FLORIDA.** 28 *[Handwritten: MIAMI FLORIDA.]*

24 **33130** 25 **US** 29 *[Handwritten: 33130]* 30 *[Handwritten: US]*

3. Date Incorporated or Qualified 3a. Date of Last Report

11/14/1994

4. FEI Number Applied For

X 65-0576581 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

7. This corporation has elected to file reports as required by Florida Statutes Yes No

9. Name and Address of Current Registered Agent

SUAREZ, GUILLERMO
9325 S.W. 21ST TERRACE
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name
FLORIDA ANNUAL REPORT SERVICES INC.

82 Street Address (P.O. Box Number is Not Acceptable)
1036 S.W. 1 ST.

83

84 City
MIAMI

85 Zip Code
FL 33130

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 provisions of Sections 607.0505 Florida Statutes.

SIGNATURE: *[Handwritten Signature]* **AMADA CANTERA LOPES, PRES.** 4/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, GUILLERMO	2. NAME	
STREET ADDRESS	9325 S.W. 21ST TERRACE	1a. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33165	1b. CITY, ST, ZIP	
TITLE	VTD	23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, ORIETA	27. NAME	
STREET ADDRESS	9325 S.W. 21ST TERRACE	23. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33165	24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		43. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		63. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		67. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included on this special report or supplemental annual report is true and correct 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 authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. A change of or an addition with an address.

SIGNATURE: *[Handwritten Signature]* 4/25/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR