FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 12:25

DOCUMENT # P94000084610 (2)

1. Corporation Name
BROBAR CORP.

Principal Place of Business
13572 SW 129 ST
MIAMI FL 33186

Mailing Address
13572 SW 129 ST
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8483 S.W. 169 TR	26 8483 S.W. 169 TR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI FL	28 City & State: MIAMI, FL
24 Zip: 33157 25 Country: USA	29 Zip: 33157 30 Country: USA

4. FEI Number: 65-0539485 ☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ZIMMERMAN, MICHAEL J
13320 SW 129 ST
MIAMI FL 33186

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	D, P ☐ Change ☐ Addition
NAME	BRODY, DAVID J	NAME	BRODY, DAVID J
STREET ADDRESS	P.O. BOX 163042	STREET ADDRESS	8483 S.W. 169 TR
CITY-ST-ZIP	MIAMI FL 33116	CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D	TITLE	D, V ☐ Change ☐ Addition
NAME	ESCOBAR, WILLIAM	NAME	ESCOBAR, WILLIAM
STREET ADDRESS	10426 SW 147 CT	STREET ADDRESS	15600 S.W. 157 ST
CITY-ST-ZIP	MIAMI FL 33196	CITY-ST-ZIP	MIAMI, FL 33187
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	800001504178 -06/02/95--01016--007 ****208.75 ****208.75
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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 an attachment with an address.

SIGNATURE: [signature] 4/26/95 (305) 256-8844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0203182 CP