

**FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra P. M...  
Secretary of STATE AFFAIRS  
DIVISION OF CORPORATIONS

DOCUMENT # P95000000316 (6)

1. Corporation Name  
**ILIANA P. BRITO, CORP.**



Principal Place of Business: **LUIS G BRITO, 407 LINCOLN RD #5-B, MIAMI BEACH FL 33139**  
Mailing Address: **LUIS G BRITO, 407 LINCOLN RD #5-B, MIAMI BEACH FL 33139**

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-29)  
City & State (22)  
Zip (24)  
Country (25)  
City & State (27)  
Zip (29)  
Country (30)

3. Date Incorporated or Quashed: **01/03/1995**  
3a. Date of Last Report  
4. FEI Number: **65-0573635**  
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

9. Name and Address of Current Registered Agent  
**BRITO, LUIS, 407 LINCOLN RD #5-B, MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input checked="" type="checkbox"/> DELETE
NAME	URTUBIA, AURELIO	
STREET ADDRESS	6915 RED RD #213-C	
CITY, ST, ZIP	CORAL GABLES FL 33143	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	DEJONG, ELSE F H	
STREET ADDRESS	6915 RED RD #213-C	
CITY, ST, ZIP	CORAL GABLES FL 33143	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	REZAI, ALI	
STREET ADDRESS	6915 RED RD #213-C	
CITY, ST, ZIP	CORAL GABLES FL 33143	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1	NAME	ILIANA P. BRITO	
1	STREET ADDRESS	201 JEFFERSON AVE #3F	
1	CITY, ST, ZIP	MB, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME		
2	STREET ADDRESS		
2	CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3	NAME		
3	STREET ADDRESS		
3	CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4	NAME		
4	STREET ADDRESS		
4	CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4	NAME		
4	STREET ADDRESS		
4	CITY, ST, ZIP		
5	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5	NAME		
5	STREET ADDRESS		
5	CITY, ST, ZIP		
6	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME		
6	STREET ADDRESS		
6	CITY, ST, ZIP		

2000001755032  
-03/23/96-01108-013  
\*\*\$200.00

14. I do hereby certify that the information furnished on this filing is voluntarily furnished and is true and accurate and that my signature shall have the same legal effect as if made by me. I am an officer or director of the corporation and the receiver or trustee appointed to execute this report as required by Chapter 607, Florida Statutes; and that the information appears in Block 12 or Block 14 of this report is an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: \_\_\_\_\_  
0153042 CP

CR2E034 (12/95)

*Handwritten signature and date: 3/22/96*