

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.60**

**FILED**  
**Apr 14 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT #**  
 1. Corporation Name  
 PG5600000316

**Iliana P. Brito, Corp.**

Principal Place of Business Mailing Address

**407 Lincoln Rd. Suite 5B**  
**Miami Beach FL 33139**

DO NOT WRITE IN THIS SPACE

**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  
**28** Zip Country  
**29** **30**

**3.** Date Incorporated or Qualified  
**3/22/96**

**4.** FEI Number  
**65-054-3635**

**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 owes or has paid the current year Intangible Personal Property Tax due June 30  Yes  No

**9. Name and Address of Current Registered Agent**

**Luis G. Brito**  
**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 **FL** **85** Zip Code

I, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent, if applicable. (NOTE: Registered Agent's signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

**1.1** TITLE: **President Director**  DELETE  
**1.2** NAME: **Iliana P. Brito**  
**1.3** STREET ADDRESS: **407 Lincoln Rd. 5-B**  
**1.4** CITY-ST-ZIP: **Miami Beach, FL 33139**

**2.1** TITLE:  DELETE  
**2.2** NAME:  
**2.3** STREET ADDRESS:  
**2.4** CITY-ST-ZIP:

**3.1** TITLE:  DELETE  
**3.2** NAME:  
**3.3** STREET ADDRESS:  
**3.4** CITY-ST-ZIP:

**4.1** TITLE:  DELETE  
**4.2** NAME:  
**4.3** STREET ADDRESS:  
**4.4** CITY-ST-ZIP:

**5.1** TITLE:  DELETE  
**5.2** NAME:  
**5.3** STREET ADDRESS:  
**5.4** CITY-ST-ZIP:

**6.1** TITLE:  DELETE  
**6.2** NAME:  
**6.3** STREET ADDRESS:  
**6.4** CITY-ST-ZIP:

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**1.1** TITLE:  Change  Addition  
**1.2** NAME:  
**1.3** STREET ADDRESS: **N/A**  
**1.4** CITY-ST-ZIP:  
**2.1** TITLE:  Change  Addition  
**2.2** NAME:  
**2.3** STREET ADDRESS:  
**2.4** CITY-ST-ZIP:  
**3.1** TITLE:  Change  Addition  
**3.2** NAME:  
**3.3** STREET ADDRESS:  
**3.4** CITY-ST-ZIP:  
**4.1** TITLE:  Change  Addition  
**4.2** NAME:  
**4.3** STREET ADDRESS:  
**4.4** CITY-ST-ZIP:  
**5.1** TITLE:  Change  Addition  
**5.2** NAME:  
**5.3** STREET ADDRESS:  
**5.4** CITY-ST-ZIP:  
**6.1** TITLE:  Change  Addition  
**6.2** NAME:  
**6.3** STREET ADDRESS:  
**6.4** CITY-ST-ZIP:

**14.** I hereby certify that the information furnished in 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 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; and that I am a trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE: \_\_\_\_\_ DATE: **3/15/98**  
SIGNATURE AND DATE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)