SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000022733 (6)**

1. Corporation Name
BRRC, INC.

Principal Place of Business	Mailing Address
% 5385 N.E. 2ND AVENUE MIAMI FL 33137	% 5385 N.E. 2ND AVENUE MIAMI FL 33137

3. Date Incorporated or Qualified: 03/20/1995
3a. Date of Last Report:

2. Principal Place of Business (21, 22, 23, 24, 25)
2a. Mailing Address (26, 27, 28, 29, 30)

4. FEI Number: APPLIED FOR ☒ 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

TOLAND, BRUCE J
~~800 BRICKELL AVENUE~~
~~SUITE 1100~~
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 801 Brickell Avenue
83: Suite 1501
84 City: Miami FL 85 Zip Code: 33131

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: BRUCE JAY TOLAND (Typed or Printed Name) (NOTE: New Registered Agent's signature required when designating) DATE: 5/28/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	RETCHIN, BLAIR	
STREET ADDRESS	% 5385 N.E. 2ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	D	☐ DELETE
NAME	CRUZ, ROBERTO M.D.	
STREET ADDRESS	% 5385 N.E. 2ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 with an address.

SIGNATURE: [signature] BLAIR RETCHIN DIRECTOR June 12 96 (305) 758-9977
(Required) (Typed or Printed Name of Individual & Title) Date Daytime Phone #