\*\*\* SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE,ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

lor.

FILED

AUG 15 AN 10: 18

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P95000033340	<b>(7)</b>

12945 S.W. 134TH CT.  MIAMI FL 33186  Miami FL 33186	
MIAMI FL 33186 MIAMI FL 33186 DO NOT Wi	
3. Date Incorporated or Qualifi	RITE IN THIS SPACE
04044005	
14/24/1995	12/30/1996
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
65-0575672	Not Applicable
Sulte, Apt. #, etc.  Suite, Apt. #, etc.  6. Certificate of Status Desired	\$8.75 Additional
[27]	Fee Required
City & State City & State 6. Election Campaign Financin	
Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation owes or ha 25 29 30 Personal Property Tax due 2	as paid the turrent year Intangible June 30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New	<del></del>
FIALKO, MOISES A 81 Name	
AAAA AAAA TILLAT KAAA	
3899 N.W. / IT 51., #203 82 Street Address (P.O. Box Number is Not Acce	ptable)
83 B3	
84 City	FI 85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for toffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and little if applicable.  (NOTE: Registered Agent signature required when reinstating)	DATE
	FFICERS AND DIRECTORS IN 12
TITLE PSTD DELETE 1.1 TITLE	Change Addition
NAME FIALKO, MOISES A 1.2 NAME	
STREET ADDRESS 3191 CORAL WAY SUITE 402 1.3 STREET ADDRESS	okancer-
CITY-ST-ZIP MIAMI FL 33145-3220 14 CITY-ST-ZIP 4 D C C C C C C C C C C C C C C C C C C	22720649 207370067mg-0094ddiion
NAME 22 NAME ****	*165.00 ****165.00
STREET ADDRESS 2.3 STREET ADDRESS	160100 4.14.100100
AITY OF BID.	
CITY-S1-ZIP	Change I Addition
TITLE DELETE 3.1 TITLE	Change Addition
TITLE DELETE 3.1 TITLE  NAME 32 NAME	☐ Change ☐ Addition
TITLE DELETE 3.1 TITLE  NAME  \$2 NAME  \$32 NAME  \$3.3 STREET ADDRESS  3.3 STREET ADDRESS	☐ Change ☐ Addition
TITLE         DELETE         31 TITLE           NAME         32 NAME           STREET ADDRESS         33 STREET ADDRESS           CITY-ST-ZIP         34. CITY-ST-ZIP	Change Addition
TITLE         DELETE         31 TITLE           NAME         32 NAME           STREET ADDRESS         33 STREET ADDRESS           CITY-ST-ZIP         3.4. CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE	
TITLE         DELETE         3.1 TITLE           NAME         32 NAME           STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4. CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE           NAME         4.2 NAME	
TITLE         DELETE         31 TITLE           NAME         32 NAME           STREET ADDRESS         33 STREET ADDRESS           CITY-ST-ZIP         34. CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE           NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS	
TITLE         DELETE         3.1 TITLE           NAME         32 NAME           STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4. CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE           NAME         4.2 NAME	
TITLE         DELETE         31 TITLE           NAME         32 NAME           STREET ADDRESS         33 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE           NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP	Change Addition

14. I do hereby certify that the information supplied with this filling doe. In information indicated on this annual report or supplemental hungiling I am an officer or director of the corporation or the receiver or trustee appears in Block 12 or Block 13 if changed, or on an attactment with ne exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the discourate and that my signature shall have the same legal effect as if made under oath; that execute this report as required by Chapter 607, Florida Statutes; and that my name

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

62 NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Addition

## BRO.INTERNATIONAL, INC

12945 SW 134TH COURT/MIAMI, FL 33186/TEL(305)234-8747\*FAX(305)234-8743\*1 800 827-2904

AUGUST, 5, 1997

DIVISION OF CORPORATIONS ANUAL REPORTS SECTION TALLAHASSEE, FL

## DEAR SIRS:

INCLOSE YOU'LL FIND THE CHECK FOR \$ 165.00, becouse WE NEVER RECEIVED THE FIRST ADVISE FROM YOU, MAYBE YOU SENDED TO THE OLD ADRESS, BUT WE DIDINT RECEIVE THE NOTICE.

THANK YUO FOR RECEIVE THE PAYMENT

SINCERELY YOURS

MOISES A. FIALKO