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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMEN OF STATE

Sandra B. Mor

Secretary of State

	1996	DIVIS	ION OF CORPORA	TIONS		
DOCU 1. Corporatio	MENT # P	95000037492	2 (2)			
BRAS	HIN INTERNATIONA	L. INC.				
		-,				
Principal Place	e of Business	Mailing Address				
9519 SW 138TH PLACE 9519 SW 138			TH PLACE			
MIAMI FL 3		MIAMI FL 331				
					3. Date Incorporated or Qualified	3a. Date of Last Report
O Dringing! D					05/06/1995	
2. Principal Place of Business		—  —	2a. Mailing Address		4. FEI Number 058388	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	eto.			\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State	ē	City & State	l l		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	<b>28</b>		Inc	Trust Fund Contribution  8. This corporation has liability for a	Added to Fees
24	25	29	30	`,	Florida Statutes  Yes	
	9. Name and Address	of Current Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New R	egistered Agent
				Name Name		
H0, YL			<b>I</b>	Street Ac	ldress (P.O. Box Number is Not Acceptab	le)
	W 138TH PLACE FL 33186		<b>]</b>	33		
in in well	1 60 100					
]				Gity		FL 85 Zip Gode
11. Pursuant or register	to the provisions of Section red agent, or both, in the St	s 607.0502 and 607.1508, Florida ate of Florida. Such change was a ns of, Section 607.0505, Florida S	Statutes, the lov	e named corp	noration submits this statement for the pur pard of directors. Thereby accept the appo	pose of changing its registered office
į.	th, and accept the obligatio	ns of, Section 607.0505, Florida S	Statutes.	aproximent or or	ocition conditions in the depth in approximation of the depth in the d	ontinent da registereer agent. I din
SIGNATURE .	Signature, typod or printed name of n	egistered aspail and tilk if applicable	(NOTE Figs. 1A	aest sa abas men	mod wher in relatings	DATE
12.		ICERS AND DIRECTORS		"	ADDITIONS/CHANGES TO OFF	
THE	D	☐ DELE	TE 1 1011	.E	· · · · · · · · · · · · · · · · ·	Change Addition
NAME Name	HO, YUAN	400	1 IAN			
STREET ADDRESS  CITY+ST-ZIP	9519 SW 138TH PL MIAMI FL 33186	ACE		EET ADDRESS		
TITLE	MILAMI FL 33100	[7] DELE		(-S1-7) <sup>2</sup>		Change Addition
NAME			2 4.4			
STREET ADDRESS			2)	CLADORESS		
CITY-ST-ZIP				ST ZP		
TITLE NAME		DELE	1 <b>E</b> 3: 1:11	.E		Change Addition
STREET ADDRESS			3	EEL ADDRESS		
City-S1-ZiP			1 1	-SI-ZiP		
TITLE		☐ DELE		J.		Change Addition
NAME			4: 33	6		
STREET ADDRESS				EL ADDRESS		
CITY-ST-ZIP TITLE		DELF		- <u>S1</u> -36		Change Addition
NAME			5: N			□ osenite □ vontititi
STREET ADDRESS			1 11	ET ADDRESS		
C/TY-ST-Z/P				- S1 - ZIP		

RELIACORESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished at certify that the information indicated on this annual report or supplemental annual report oath; that I am an officer or director of the corporation or the receiver or trustee emporappears in Block 12 if Block 13 if magest, or on an attachment with an address.

DELETE

TITLE

NAME STREET ADDRESS

CITY - ST - ZIP

SIGNATURE

loes not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further true and accurate and that my signature shall have the same legal effect as if made undered to execute this report as required by Chapter 607, Florida Statutes; and that my name

3/14/96 (305)594-2240

Change

☐ Addition

CR2E034 (12/95)