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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996

P95000052720 (6)

DOCUMENT #

DR. BRAKES II, INC.



					<u> </u>			
Principal Place o	of Business	Mailing Address						
1189 NW 38 PL SUNRISE FL 33351		1189 NW 38 PL., Sunrise FL 33351						
					3. Date Incorporated or Qualified 07/03/1995	3a. Date o	of Last Re	eport
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	<del>1 </del>	1	oplied For
1	• • • • • • • • • • • • • • • • • • • •	26			65-059357	' <u> </u>	1	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	Sa.75 Additional Fee Required		
Oity & State		City & State			Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for in	ntangible tax	under s	199.032,
4	25	29	30		Florida Statutes			
<u> </u>	9, Name and Address of Cu	rrent Registered Agent			10. Name and Address of New R	egistered A	gent	
				81 Name				
arie Mrejen, p.a. 8360 west oakland park blvd. Sti			82 Street Ad		odress (P.O. Box Number is Not Acceptable)			
		). STE 307			·			
SUNRIS	SE FL 33351			83				
			}	84 City		<u></u>	85 Zı	Code
					pration submits this statement for the pur	<u>FL</u>	1.1	
or registered familiar with	o the provisions of Sections 607.0 id agent, or both, in the State of I in, and accept the obligations of, 9	Section 607.0505, Florida Statuti	es.					
or registered familiar with SIGNATURE s	n, and accept the obligations of, s Signature typed or crinted name of registered	section 607.0505, Florida Statuti	BS. NOTE Registered	Agent signature require		DATE ICERS AND	DIRECTO	PRS IN 12
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4. To hereby certify that the information supplied with this illing is voluntarily furnished and because the same legal effect as if made under 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 607, Florida Statutes; and that my name appears in Block 12 or Elick 13 if thanged of on an attackment with an address.

SIGNATURE:

ONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/96 407-393532