

**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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000052891 (5)

1. Corporation Name
BRAUTECH BREWING CO.



Principal Place of Business: 21537 SW 87 CT. MIAMI FL 33189
Mailing Address: 21537 SW 87 CT. MIAMI FL 33189

3. Date Incorporated or Qualified: 07/03/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 10170 NW South River DR.
Suite, Apt. #, etc: 22 Bay 11
City & State: 23 Medley, FL
Zip: 24 33178
Country: 25 USA

2a. Mailing Address
26 10170 NW South River DR.
Suite, Apt. #, etc: 27 Bay 11
City & State: 28 Medley, FL
Zip: 29 33178
Country: 30 USA

4. FEI Number: [] Applied For Not Applicable [X]
5. Certificate of Status Desired: [X] \$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 [X] No

9. Name and Address of Current Registered Agent

HOAR, ROBERT M
8532 SW 211 TER
MIAMI FL 33189

10. Name and Address of New Registered Agent

81 Name: W. PAUL HOAR
82 Street Address (P.O. Box Number is Not Acceptable): 21474 SW 89 PL.
83
84 City: Miami FL 85 Zip Code: 33189

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: W. Paul Hoar
Signature, typed or printed name of registered agent and title (if applicable):
(Signature of Registered Agent Signature required when resigning)
DATE: 6-10-96

12. OFFICERS AND DIRECTORS

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	
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		

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 if changed, or on an attachment with an address.

SIGNATURE: W. Paul Hoar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 6-10-96
Daytime Phone #: (305) 884-0380

CR2E034 (3/96)