## 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.) FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL DEDOOT



Sandra B. Mortham

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	BRAKO	CONTRA	ACTOR, INC.										
Principal Place of Business Mailing Address									T MANAMANI ILA IANAH BUNAH BRANK DA	AK ODIAL OIII			l
1550 E 5 AVE 1550 E 5 AVE													
HIALEAH FL 33010 HIALEAH FL 33010									Date Incorporated or Qualified				
									08/01/1995			tepori	
	Principal Pla	ace of Busin	ess		Mailing Address	3			4. FEI Number	2-	h	pplied For	
21	Suite Ant 4	26   Suite, Apt. #, etc.   Suite, Apt. #, etc						<del> </del>	65-059801			lot Applica	
22				City & State				5. Certificate of Status Desired \$8.75 Additional Fee Required					
23	City & State							Election Campaign Financing     Trust Fund Contribution     Added to Fe					
==1	Zip		Country		Zip	L	Countr	у	8. This corporation has liability for i	ntangible t	ax under s	199.032,	,
24			25	29		3	0			Yes	No.		
			and Address of Curr	ent Regist	ered Agent		81	Name	10. Name and Address of New Re	gistered A	gent		
GAMEZ, ARMANDO 1550 E 5 AVE HIALEAH FL 33010							Ĺ		100 B				
							82	Street Add	dress (P.O. Box Number is Not Acceptab	ie)			
							83			,			
							84	City			<b>85</b> Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes								1		<u> </u>	1. 1		
11	office or re	egistered ag	ent, or both, in the Sta	te of Floridi	a. Such change v	was auth	iorized by	the corporat	poration submits this statement for the po- tion's board of directors. I hereby accept	the appoir	nanging it itnient as i	s registered registered	·u
	Ü	n familiar wi	th and accept the obli	igations of,	Section 607.050	J5, Florid	a Starute:	<b>5</b> .					
Si	GNATURE .	Signature typicit	or profed name of registered a	igent and title i	applicable	(NOTE F	legistered Aş	jest signalure requ	wed when reinstating)	DA!;			
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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 1 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 3 if changed, or on an attachment with an address

SIGNATURE:

\*\*SIGNATURE\*\*

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SIGNATURE: AGAING OFFICER OR DIRECTOR