FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90013 039 ***150.00

DOCUMENT # P95000061824

Principal Place of Business

SIGNATURE:

BRAUNIGER USA, INC.

		1355 NW 93 CT UNIT A-105			
UNIT A-105 MIAMI FL 33172		MIAMI FL 33172			DO NOT WRITE IN THIS SPACE
		US			3. Date Incorporated or Qualifed
					08/09/1995
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0617179 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired
22		City & State			
City & State		28 Zigi & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Zip Country Zip		Count	ry	8. This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax. ☐ Yes ☐ No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
CASAUDOUNECO, JOSE				1 Name	
	NW 93 CT	82 Street Ad		2 Street A	ddress (P.O. Box Number is Not Acceptable)
	A-105	83		3	
MIAN	II FL 33172	-		4 City	85 Zip Code
				1	FL <u> </u>
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 Signature, typed or printed name of registered agent and title if epplicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	ţ	☐ Change ☐ Addition
NAME (CASAUDOUMECQ, JAVIER		1.2 NAM	<u>:</u> [
STREET ADORESS	1355 NW 93 CT, UNIT A-105		1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY	ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	,	☐ Change ☐ Addition
NAME	CASAUDOUMECQ, JOSE		2.2 NAM	<u>:</u> [
STREET ADDRESS	1355 NW 93 CT, UNIT A-105		2.3 STRE	ET ADDRESS	, , . ·
CITY-ST-ZIP	MIAMI FL		2. 4 CITY		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME (•		3.2 NAM	<u>:</u> [{
STREET ADDRESS			3.3 STRE	ET ADDRESS	
CITY-ST-ZIP			3.4. CITY		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		1	4. 2 NAW	E (
STREET ADDRESS			4.3 \$TRE	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	h	☐ Change ☐ Addition
NAME			5.2 NAM		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			5.4 CITY		
TITLE		☐ DELETE	6.1 TITLE	\	☐ Change ☐ Addition
NAME			6.2 NAM		
STREET ADDRESS			6.3 STRE	ET ADDRESS	
CITY-ST-ZIP			8.4 CITY		The second secon
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on arrattachment with an address, with all other like empowered.					