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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000067005 1. Corporation Name

BRAKE KINGDOM, INC.

FILED Feb 13, 1999 8:00am **Secretary of State**

02-13-1999 90005 011 ***150.00



Principal Place of Business		Mailing Address				I (30)(04) 1(4 1010) 01111 00111 00111	Elit Balle Birri (8811 1811)		
19000 WEST DIXIE HIGHWAY NORTH MIAMI BCH. FL 33180		19000 WEST DIXIE HWY							
		N MIAMI BEACH FL 3	N MIAMI BEACH FL 33180-2638			DO NOT WRITE IN THIS SPACE			
					<u> </u>	3. Date Incorporated or Qualifed	81		'
						08/29/1995			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For	ų.
21		26				65-0608031	<u></u>	t Applicable	000
Suite, Apt.	#, etc.	Suite, Apt. #, etc				5. Certifcate of Status Desired	\$8.75 / Fee Re	Additional equired	
City & State	е	City & State				6. Election Campaign Financing Trust Fund Contribution	□ \$5.00 Added t		
Zip	Country 25	Zip 29	30	Country		This corporation owes the current Personal Property Tax.	year Intangible	□No	
24	9. Name and Address of Curren		[30]		<u> </u>	10. Name and Address of New Reg	istered Agent		1
	g. Harrie and Address of Curren			81 Nar	me				
	DAVID 10 WEST DIXIE HIGHWAY			82 Stre	eet Address	(P.O. Box Number is Not Acceptable)	<u>.</u> .	
	TH MIAMI BCH. FL 33180			83					
				84 City	у	\$ 1.45 mg 1 8 mg 2 1	FL 85 Zip	Code	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change v	vas autnoriz	zea ov tne c	ned corpora corporation's	tion submits this statement for the pu board of directors. I hereby accept to	rpose of changing its he appointment as re	registered gistered	
SIGNATURE	Signature, based or printed name of registered age	ot and title if applicable.			sture required wh	en reinstating)	DATE		<u> </u>
	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable.	(NOTE: Register		ature required wh	en reinstating) ADDITIONS/CHANGES TO OFFIC			(86)
SIGNATURE 12. TITLE			(NOTE: Register	ered Agent signal	ature required wh	ADDITIONS/CHANGES TO OFFIC		DRS IN 12	(11/98)
12.	OFFICERS AN	ID DIRECTORS	(NOTE: Register	ered Agent signat	ature required wh		ERS AND DIRECTO		134 (11/98)
12. TITLE	OFFICERS AN	ID DIRECTORS	(NOTE: Register 1: TE 1.1	ared Agent signal 3.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO		E034 (11/98)
12. TITLE NAME	PD ZVI, DAVID	ID DIRECTORS	(NOTE: Register	ered Agent signat 3. 1 TITLE 2 NAME		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	☐ Addition	SR2E034 (11/98)
12. TITLE NAME STREET ADDRESS	PD ZVI, DAVID 19000 WEST DIXIE HIGHWAY	ID DIRECTORS	(NOTE: Register 1: TE 1.1 1.2 1.3	ared Agent signat 3. 1 TITLE 2 NAME 3 STREET ADDRI		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO		CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZVI, DAVID 19000 WEST DIXIE HIGHWAY NORTH MIAMI BCH. FL 33180	ID DIRECTORS ☐ DELE	(NOTE: Register 1.1 TE 1.1 1.2 1.3 1.4 TE 2.1	ered Agent signat 3. 1 TITLE 2 NAME 3 STREET ADDRI 4 CITY-ST-ZIP		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	☐ Addition	CR2E034 (11/98)
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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 an attachment with an address, with all other like empowered.

SIGNATURE: __