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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

P95000074529 (5) DOCUMENT # BRANDS HATCH REALTY, INC. Principal Place of Business Mailing Address SUITE 711 SUNBANK PLAZA SUITE 711 SUNBANK PLAZA 201 ALHAMBRA CIRCLE 201 ALHAMBRA CIRCLE DO NOT WRITE IN THIS SPACE **CORAL GABLES FL 33134** CORAL GABLES FL 33134 3. Date Incorporated or Qualified 09/25/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0702191 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zφ Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZERO 34 REGISTRATION CORP. SUITE 711 SUNBANK PLAZA 82 Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE 83 **CORAL GABLES FL 33134** 84 City 85 Zip Code 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 applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **PSTD** DELETE Change Addition 1.1 TITLE TITLE VADIA, RICARDO 1.2 NAME NAME 201 ALHAMBRA CIRCLE., STE 711 STREET ADDRESS 1.3 STREET ADORESS **CORAL GABLES FL 33134** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETÉ 21 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP ☐ DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY+ST-ZIP DELETE Change Addition TITLE 5.1 TIFLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP tion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at my signature shall have the same legal effect as if made under oath; that I am an report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information of indicated on this annual report of Suppliofficer or director of the competition or to Block 12 or Block 13 if ranged, or on

SIGNATURE:

4-21-48

305-441-1776

**FILED** 

Apr 29 1998 8:00am

Secretary of State