FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000076731 (5)

1. Corporation Name
BRAT CATS, INC.

Principal Place of Business
100 S.E. SECOND STREET
17TH FLOOR
MIAMI FL 33131

Mailing Address
100 S.E. SECOND STREET
17TH FLOOR
MIAMI FL 33131

3. Date Incorporated or Qualified: 10/06/1995
3a. Date of Last Report:

2. Principal Place of Business
21 701 Brickell Avenue
Suite, Apt. #, etc.
22 Suite 1600
City & State
23 Miami, Florida
Zip
24 33131
Country
25 U.S.A.

2a. Mailing Address
26 701 Brickell Avenue
Suite, Apt. #, etc.
27 Suite 1600
City & State
28 Miami, Florida
Zip
29 33131
Country
30 U.S.A.

4. FEI Number: 65-0612224 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 ☒ No

9. Name and Address of Current Registered Agent

WARNER, JONATHAN H
~~100 S.E. SECOND STREET~~
~~17TH FLOOR~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue
83 Suite 1600
84 City Miami FL
85 Zip Code 33131-2827

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 Jonathan H. Warner DATE 1/25/96
[illegible]

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Thomas G. Abraham 6600 S.W. 57th Avenue Miami, FL 33143	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Susan Abraham 6600 S.W. 57th Avenue Miami, FL 33143	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	400001800234 -04/29/96--01135--035 ***200.00	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

4/29/96

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas G. Abraham

Date

305-666-8020
Daytime Phone #

CR2E034 (12/95)